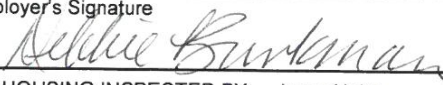
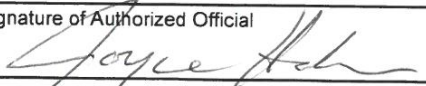
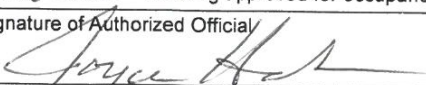


U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Augusta Wine Company 5601 High Street; PO Box 8 Augusta, MO 63332						
2. HOUSING LOCATION 520 Crow Creek Lane Augusta, MO 63332					3. HOUSING DESCRIPTION Ranch Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		12	12							5. CAPACITY (Adults) 3	
Width		11	11							6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8							Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		132	132							Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms		1	1							Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
1						1					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
1		1									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1			1							
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Debbie Brinkman				12-10-14	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				12-10-14	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				12-10-14	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewett Concrete, Inc.
18358 County Hwy D-20
Alden, Iowa 50006

2. HOUSING LOCATION

430 Paul Lane
Wayland, MO 63472

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

ID # 3145

4. SLEEP ROOMS (No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	13'6	13'6	13'6					
Width	11.6	11.6	11.6					
Ceiling Height	8	8	8					
Square Feet								
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double	2	2	2					

5. CAPACITY (Adults) 12

6. REGULATIONS COMPLIANCE (X" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 2	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2

3/5/15 Housing Inspec.
for Illinois, since
work is in that
state.

8. COMMENTS

Smoke Carbon Monoxide Detectors - 4
City trash pick-up 2x a week
Local laundry matt
New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

David Hippler

DAVID HIPPLER PROPERTY MANAGER

3-5-15

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

3/5/2015

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

3-5-15

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewett Concrete Inc.
18358 County Hwy D-20
Alden, Iowa 50006

2. HOUSING LOCATION

5046 Red Maple Lane
Fulton, MO 62251

3. HOUSING DESCRIPTION

16 x 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	13'6	13.6	13.6						5. CAPACITY (Adults) 12
Width	11.6	11.6	11.6						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	160	160	160						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2			2	2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
2				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	2

8. COMMENTS

Smoke and Carbon Monoxide Detectors - 4
City trash pick-up
Local laundry matt
New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Thomas K. Sacha

Thomas K. Sacha Supervisor

4/7/2015

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

4/7/2015

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

4/7/2015

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

5118 Faraon Street Lot #55
St. Joseph, MO

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

ID# INADE01A04466-MJ

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	13'6	13'6	13'6					
Width	11'6	11'6	11'6					
Ceiling Height	8	8	8					
Square Feet								
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double	2	2	2					

5. CAPACITY (Adults)	12
6. REGULATIONS COMPLIANCE ("x" proper box)	Yes No
Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Marc Alewelt

Marc Alewelt, President

Marc Alewelt 2/11/15

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, Workforce Specialist IV

Debra Minish 2/11/15

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date


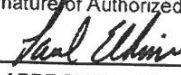

Debra Minish

Joyce Hahn, Workforce Specialist IV

Debra Minish 2/11/15

* Housing Inspection Conducted for MO-SWA

Form Approved
Budget Bureau No. 44-R1358

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Marc Alewelt 18358 County Hwy D-20 Alden, IA 50006					
2. HOUSING LOCATION 72872 638 th Ave Auburn, NE 68305					3. HOUSING DESCRIPTION House Capacity = ¹² 36					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	13	13	13						5. CAPACITY (Adults) 28 12	
Width	11	11	11						6. REGULATIONS COMPLIANCE (“X” proper box)	
Ceiling Height	8	8	8						Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet	143	143	143						Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms	1	1	1						Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single									Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks Double	2	2	2						Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)										
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads			
1					1		1			
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
0	0		1 WASHER 1 DRYER		0		0			
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1	1		1		1		1 ABC			
8. COMMENTS										
9. EMPLOYER'S CERTIFICATION:										
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature					Typed Name and Title			Date		
					RONALD CLAUSEN - MANAGER			02/11/2015		
10. HOUSING INSPECTED BY:										
Signature of Authorized Official					Typed Name and Title			Date		
					Paul Elkins - Housing Inspector			02/11/2015		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official					Typed Name and Title			Date		
					Steve Porr, FLC Coordinator			02/11/2015		

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

777 E. Yerby St. Lot 86
Marshall, MO

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	14.10	13.6	11.9	13.6				
Width	11.5	11.3	11.8	11.6				
Ceiling Height	8	8	8					
Square Feet								
No. of Rooms								
No. of Beds, Single			1					
No. of Beds or Bunks, Double	2	2	1					

5. CAPACITY (Adults)	11
6. REGULATIONS COMPLIANCE ("x" proper box)	
Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Mike Peters

Typed Name and Title

Marc Alewelt, President

Date

9-25-16

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn

Date

9-25-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn

Date

9-25-16

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

1110 6th Street Lot #7
Bethany, MO 64424

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	13'6"	13'6"	13'6"						5. CAPACITY (Adults) 12
Width	11'6"	11'6"	11'6"						6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet									Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	2	2	2						Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Marc Alewelt

Typed Name and Title

Marc Alewelt, President

Date

8-19-15

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn, Coordinator

Date

8-19-15

11. APPROVAL Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn, Coordinator

Date

8-19-15

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE
EMPLOYER FURNISHED HOUSING AND FACILITIES
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewett Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

605 E. Fields Blvd. Lot G-12
El Dorado Springs, MO 64744

3. HOUSING DESCRIPTION

16X80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	14'10	11'9	16'2						5. CAPACITY (Adults) 11
Width	11'3	11'3	11'3						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Celling Height	8	8	8						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	160	135	183						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single			1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	1						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
2				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors
New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature *Marc Alewelt* Typed Name and Title Marc Alewelt Date 6/10/16

10. HOUSING INSPECTED BY: Joyce Hahn
Signature of Authorized Official *Joyce Hahn* Typed Name and Title Joyce Hahn, Program Coordinator Date 6-10-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.
Signature of Authorized Official *Joyce Hahn* Typed Name and Title Joyce Hahn, Program Coordinator Date 6-10-16

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

605 E. Fields Blvd.
El Dorado Springs, MO 64744

3. HOUSING DESCRIPTION

16X80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	14'10	11'9	16'2						5. CAPACITY (Adults) 11
Width	11'3	11'3	11'3						6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	160	135	183						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single			1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	1						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors
New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>Marcia Nickerson</i>	Typed Name and Title Marcia Nickerson Adm Asst	Date 3-4-16
---	---	----------------

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 3-4-16
---	---	----------------

APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 3-4-16
---	---	----------------

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

1110 6th Street Lot #3
Bethany, MO 64424

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	13'6"	13'6"	13'6"					
Width	11'6"	11'6"	11'6"					
Ceiling Height	8	8	8					
Square Feet								
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double	2	2	2					

5. CAPACITY (Adults)	12
6. REGULATIONS COMPLIANCE (“x” proper box)	Yes No
Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Mike Peters

Typed Name and Title

Marc Alewelt, President

Date

MIKE PETERS 1-7-16

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Debra Minish

Typed Name and Title

Debra Minish, State Monitor Advocate

Date

1-7-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official


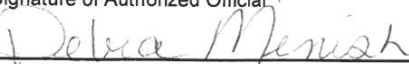
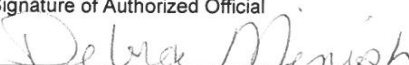
Debra Minish

Typed Name and Title

Debra Minish, State Monitor Advocate

Date

1-7-16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewett Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 1110 6th Street Lot #2 Bethany, MO 64424					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		13'6"	13'6"	13'6"						5. CAPACITY <i>(Adults)</i> 12	
Width		11'6"	11'6"	11'6"						6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height		8	8	8						Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet										Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double		2	2	2						Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2						2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>					
1	1	1		1		2 Kiddie					
8. COMMENTS											
Smoke/Carbon Monoxide Detectors---4 New quality built construction											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title			Date		
						Mike Peters SITE SUPERVISOR			1/7/14		
10. HOUSING INSPECTED BY:											
Signature of Authorized Official						Typed Name and Title			Date		
						Debra Minish State Monitor Advocate			1-7-14		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title			Date		
						Debra Minish State Monitor Advocate			1-7-16		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewett Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 1110 6th Street Lot #7 Bethany, MO 64424					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
Length	13'6"	13'6"	13'6"							5. CAPACITY <i>(Adults)</i> 12	
Width	11'6"	11'6"	11'6"							6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height	8	8	8							Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet										Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	2	2	2							Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads				
2							2				
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs				
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>				
1	1		1		1		2 Kiddie				
8. COMMENTS Smoke/Carbon Monoxide Detectors---4 New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature Mike Peters					Typed Name and Title Mike Peters Marc Alewelt, President					Date 1/7/16	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official Debra Minish					Typed Name and Title Debra Minish State Monitor Advocate					Date 1-7-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official Debra Minish					Typed Name and Title Debra Minish State Monitor Advocate					Date 1-7-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 5118 Faraon Street Lot #55 St. Joseph, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
Length	13'6"	13'6"	13'6"							5. CAPACITY <i>(Adults)</i>	12
Width	11'6"	11'6"	11'6"							6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height	8	8	8							Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet										Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	2	2	2							Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	2	Privy		Urinals		Lav. or Washbasins		Showerheads	2		
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
Cook Stoves	1	Refrigerators	1	Garbage containers	1	First-aid Kits	1	Fire Extinguishers <i>(No. & type)</i>	2 Kiddie		
8. COMMENTS Smoke/Carbon Monoxide Detectors---4 New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Mike Peters</i>					Typed Name and Title MIKE PETERS <i>site supervisor</i>					Date 1/7/16	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Debra Minish</i>					Typed Name and Title Debra Minish <i>State Monitor Advocate</i>					Date 1-7-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Debra Minish</i>					Typed Name and Title Debra Minish <i>state Monitor Advocate</i>					Date 1-7-16	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

605 East Cross St. #4
Hamilton, MO

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	14'10	11'9	16.2						5. CAPACITY (Adults) 11
Width	11.3	11.3	11.3						6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet									Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks Double	2	2	1						Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>Michael A Peters</i>	Typed Name and Title MICHAEL G Peters	Date 1-7-16
---	---	-----------------------

10. HOUSING INSPECTED BY:

Signature of Authorized Official <i>Debra Minish</i>	Typed Name and Title Debra Minish State Monitor Advocate	Date 1-7-16
---	--	-----------------------

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official <i>Debra Minish</i>	Typed Name and Title Debra Minish State Monitor Advocate	Date 1-7-16
---	--	-----------------------

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewett Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

309 Hyatt
Brookfield, MO

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	14'10	11'9	16'2						5. CAPACITY (Adults) 11
Width	11'3	11'3	11'3						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	160	135	183						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single			1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	1						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Jeremy D. Will

Jeremy D. Will Plant operator

1-15-16

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

1-15-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

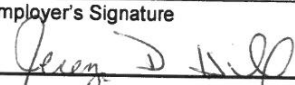
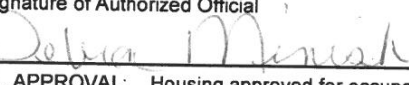
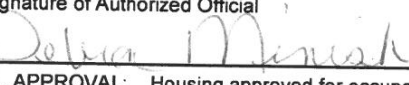
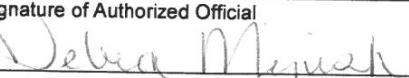
Date

Debra Minish

Debra Minish, State Monitor Advocate

1-15-16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewett Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 777 E. Yerby St., Lot 86 Marshall, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
Length	14'10"	11'9"	16'2"							5. CAPACITY (Adults) <u>11</u>	
Width	11'3"	11'3"	11'3"							6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	8	8	8							Yes No Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet	160	135	183							Electricity <input checked="" type="checkbox"/> <input type="checkbox"/> Site <input checked="" type="checkbox"/> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> <input type="checkbox"/> Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms											
No. of Beds, Single			1								
No. of Beds or Bunks, Double	2	2									
7. FACILITIES (Number of each)											
Flush Toilets	2	Privy		Urinals		Lav. or Washbasins		Showerheads	2		
Bathtubs	2	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
Cook Stoves	1	Refrigerators	1	Garbage containers	1	First-aid Kits	1	Fire Extinguishers (No. & type)	2 Kiddie		
8. COMMENTS Smoke/Carbon Monoxide Detectors---4 New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Jeremy D Hill</i>					Typed Name and Title Jeremy D Hill Plant Operator				Date 1-15-16		
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Debra Minish</i>					Typed Name and Title Debra Minish, State Monitor Advocate				Date 1-15-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Debra Minish</i>					Typed Name and Title Debra Minish, State Monitor Advocate				Date 1-15-16		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 430 Paul Lane Wayland, MO 63472					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		13'6"	13'6"	13'6"						5. CAPACITY (Adults) 10	
Width		11'6"	11'6"	11'6"						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8						Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		158	158	158						Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double		2	2	1						Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2						2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1	1		1		2 Kiddie					
8. COMMENTS											
Smoke/Carbon Monoxide Detectors---4 New quality built construction											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title			Date		
						Jeremy D Hill			Plant Operator		
						Debra Minish, State Monitor Advocate			1-15-16		
10. HOUSING INSPECTED BY:											
Signature of Authorized Official						Typed Name and Title			Date		
						Debra Minish, State Monitor Advocate			1-15-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title			Date		
						Debra Minish, State Monitor Advocate			1-15-16		

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewett Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

1028 Sinnock Ave. Lot #44
Moberly, MO 65270

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	13'6	13'6	13'6					
Width	11'6	11'6	11'6					
Ceiling Height	8	8	8					
Square Feet	158	158	158					
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double	2	2	1					

5. CAPACITY
(Adults) 11

6. REGULATIONS COMPLIANCE
("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Jeremy D. Hill

Jeremy D. Hill Plant operator

1-15-16

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

1-15-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

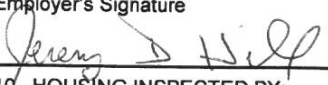
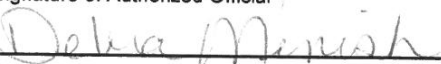
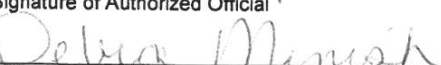
Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

1-15-16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewett Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION Stone Mobile Home Park 533 W. Summer St. #13 Monroe City, MO 63456					3. HOUSING DESCRIPTION 16 X 80 Mobile Home ID# 3153						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		13'6"	13'6"	13'6"						5. CAPACITY (Adults) 11	
Width		11'6"	11'6"	11'6"						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8						Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		158	158	158						Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single				1						Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double		2	2	1						Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2						2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
2											
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1	1		1		2 kiddie					
8. COMMENTS											
Smoke and Carbon Monoxide Detectors--4 City trash pickup 2x a week Local laundry mat New quality built construction											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title			Date		
						Jeremy D Hill			Plant operator 1-15-16		
10. HOUSING INSPECTED BY:											
Signature of Authorized Official						Typed Name and Title			Date		
						Debra Minish, State Monitor Advocate			1-15-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title			Date		
						Debra Minish, State Monitor Advocate			1-15-16		

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

5046 Red Maple Lane
Fulton, MO 65251

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	13'6"	13'6"	13'6"					
Width	11'6"	11'6"	11'6"					
Ceiling Height	8	8	8					
Square Feet	158	158	158					
No. of Rooms								
No. of Beds, Single			1					
No. of Beds or Bunks, Double	2	2	1					

5. CAPACITY
(Adults) 11

6. REGULATIONS COMPLIANCE
("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Jeremy D. Hill

Jeremy D. Hill

Plant Operator

1-15-16

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

1-15-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

1-15-16

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSAlewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006**2. HOUSING LOCATION**777 E. Yerby St., Lot 86
Marshall, MO**3. HOUSING DESCRIPTION**

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	14'10	11'9	16'2						5. CAPACITY (Adults) 9
Width	11'3	11'3	11'3						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	160	135	183						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	1	1	1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1	1	1						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

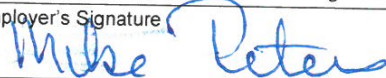
8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature



Typed Name and Title

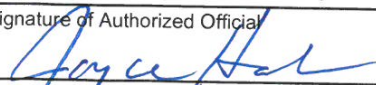
MIKE PETERS SUPER

Date

12/14/17

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official



Typed Name and Title

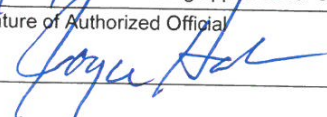
Joyce Hahn, FLC Coordinator

Date

12/14-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official



Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

12/14-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006					
2. HOUSING LOCATION 1028 Sinnock Ave. Lot #44 Moberly, MO 65270					3. HOUSING DESCRIPTION 16 X 80 Mobile Home					
4. SLEEP ROOMS <i>(No. & Measure)</i>	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4	5. CAPACITY <i>(Adults)</i> 179	
Length	13'6"	13'6"	13'6"						6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Width	11'6"	11'6"	11'6"						Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Ceiling Height	8	8	8						Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	158	158	158						Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	1	1	1						Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	2	2	1							
7. FACILITIES <i>(Number of each)</i>										
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads			
2							2			
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
2										
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>			
1	1		1		1		2 Kiddie			
8. COMMENTS Smoke/Carbon Monoxide Detectors---4 New quality built construction										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature Mike Peters					Typed Name and Title MIKE PETERS			Date 12/12		
10. HOUSING INSPECTED BY:										
Signature of Authorized Official Joyce Hahn					Typed Name and Title Joyce Hahn, FLC Coordinator			Date 12-12-17		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official Joyce Hahn					Typed Name and Title Joyce Hahn, FLC Coordinator			Date 12-12-17		

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

309 Hyatt #1
Brookfield, MO 64628

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	14'10	11'9	16'2					
Width	11'3	11'3	11'3					
Ceiling Height	8	8	8					
Square Feet	160	135	183					
No. of Rooms								
No. of Beds, Single	1	1	1					
No. of Beds or Bunks, Double	2	2	1					

5. CAPACITY
(Adults) **# 9**

6. REGULATIONS COMPLIANCE
("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Mike Peters

Typed Name and Title

MIKE PETERS

HOUSING SUPER

Date

12/12

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

12-12-17

11. APPROVAL Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

12-12-17

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewett Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

605 E. Fields Blvd.
El Dorado Springs, MO 64744

3. HOUSING DESCRIPTION

16X80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	14'10	11'9	16'2					
Width	11'3	11'3	11'3					
Ceiling Height	8	8	8					
Square Feet	160	135	183					
No. of Rooms								
No. of Beds, Single			1					
No. of Beds or Bunks, Double	2	2	1					

5. CAPACITY
(Adults)

119

6. REGULATIONS COMPLIANCE
("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Brian Woschenbach site Supervisor 11-17

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

Joyce Hahn, Program Coordinator

11-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Joyce Hahn, Program Coordinator

11-17

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

Stone Mobile Home Park
533 W. Summer St. #13
Monroe City, MO 63456

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

ID# 3153

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	13'6"	13'6"	13'6"					
Width	11'6"	11'6"	11'6"					
Ceiling Height	8	8	8					
Square Feet	158	158	158					
No. of Rooms								
No. of Beds, Single	1	1	1					
No. of Beds or Bunks, Double	2	2	1					

5. CAPACITY
(Adults) **11 9**

6. REGULATIONS COMPLIANCE
("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 kiddie

8. COMMENTS

Smoke and Carbon Monoxide Detectors--4

City trash pickup 2x a week

Local laundry mat

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Mike Peters

Typed Name and Title

MIKE PETERS SUPER

Date

12/11

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

12-11-17

11. APPROVAL Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

12-11-17

US DEPARTMENT OF LABOR Employment and Training Administration					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden IA 50006				
EMPLOYER FURNISHED HOUSING AND FACILITIES					3. HOUSING DESCRIPTION Three bedroom, two bathroom, manufactured home.				
2. HOUSING LOCATIONS 35 Trails End Chester, IL 62233									
4. SLEEP ROOMS		A. Dormitory Type				B. Family Type			ES USE ONLY
(No. & Measure)		1	2	3	4	1	2	3	4
Length		11' 3"	11' 3"	11' 3"	11' 3"	14' 6"			
Width		9'	10'	9'	9' 2"	6' 11"			
Ceiling Height		8'	8'	8'	8'	8'			
Square Feet		101	112.5	101	103	100			
No. of Rooms									
No. of Beds, Single						1			
No. of Beds or Bunks, Double		2	2	2	2				
7. FACILITIES (Number of each)									
Flush Toilets 2	Privy 2	Urinals /	Lav. Or Washbasins /	Showerheads 2					
Bathtubs 2	Movable Bathtubs /	Laundry Machines /	Fixed Laundry Tubs /	Movable Laundry Tubs /					
Cook Stoves 1	Refrigerators 1	Garbage Containers 6	First-Aid Kits 1	Fire Extinguishers (No. & Type) 2					
8. COMMENTS New lockers in all the rooms - Loving it! 😊 Everything looks great. Thank You!									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, (X) OSHA () ETA, and that the housing described herein (X) meets () does not meet such standards. I hereby authorize representatives of the State Employment Services Office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature Mike Peters			Typed Name and Title MIKE PETERS			Date 11/27/2017			
10. HOUSING INSPECTED BY:									
Signature of Authorized Official Myriam L. Diaz Rutland			Typed Name and Title Myriam L. Diaz Rutland, ESS I - SS			Date NOV. 27, 2017			
7. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official Myriam L. Diaz Rutland			Typed Name and Title Myriam Diaz Rutland			Date NOV. 27, 2017			

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

309 Hyatt
Brookfield, MO

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	14'10	11'9	16'2						5. CAPACITY (Adults) 11
Width	11'3	11'3	11'3						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	160	135	183						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single			1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	1						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie


8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

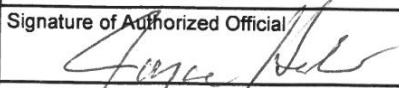
New quality built construction

9. EMPLOYER'S CERTIFICATION:

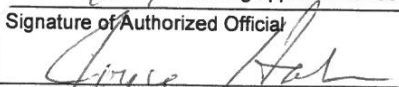
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Brian Site Supervisor Maschenbach	Date R20-17
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10. HOUSING INSPECTED BY:

Signature of Authorized Official 	Typed Name and Title Joyce Hahn, FLC Coordinator	Date R20-17
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

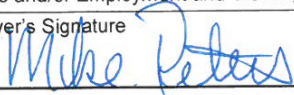
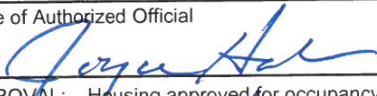
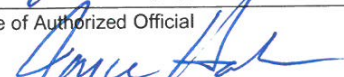
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, FLC Coordinator	Date R20-17
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006				
2. HOUSING LOCATION 1028 Sinnock Ave. Lot #44 Moberly, MO 65270					3. HOUSING DESCRIPTION 16 X 80 Mobile Home				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	13'6"	13'6"	13'6"						5. CAPACITY (Adults) 9
Width	11'6"	11'6"	11'6"						6. REGULATIONS COMPLIANCE (X" proper box) Yes No
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	158	158	158						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	1	1	1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1	1	1						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets 2	Privy		Urinals		Lav. or Washbasins		Showerheads 2		
Bathtubs 2	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs		
Cook Stoves 1	Refrigerators 1		Garbage containers 1		First-aid Kits 1		Fire Extinguishers (No. & type) 2 Kiddie		
8. COMMENTS									
Smoke/Carbon Monoxide Detectors—4									
New quality built construction									
9. EMPLOYER'S CERTIFICATION:									
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Steve Baker</i>					Typed Name and Title STEVE BAKER PROPERTY MGR			Date 12/17/17	
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, FLC Coordinator			Date 12/17/17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, FLC Coordinator			Date 12/17/17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 5118 Faraon Street Lot #55 St. Joseph, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		13'6"	13'6"	13'6"						5. CAPACITY (Adults) 9	
Width		11'6"	11'6"	11'6"						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8						Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet										Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single		1	1	1						Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double		1	1	1						Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
2								2			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		2 Kiddie			
8. COMMENTS Smoke/Carbon Monoxide Detectors---4 New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Mike Peters</i>						Typed Name and Title MIKE PETERS SUPER			Date 12/14/17		
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, FLC Coordinator			Date 12-14-17		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, FLC Coordinator			Date 12-14-17		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006					
2. HOUSING LOCATION 777 E. Yerby St. Lot 86 Marshall, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	14'10"	11'9"	16'2"						5. CAPACITY (Adults) 9	
Width	11'3"	11'3"	11'3"						6. REGULATIONS COMPLIANCE (*x" proper box) Yes No	
Ceiling Height	8	8	8						Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet									Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	1	1	1						Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1	1	1						Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)										
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads			
2							2			
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1	1		1		1		2 Kiddie			
8. COMMENTS										
Smoke/Carbon Monoxide Detectors---4										
New quality built construction										
9. EMPLOYER'S CERTIFICATION:										
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature					Typed Name and Title				Date	
<i>Steven Behn</i>					STEVEN BAKER PROPERTY MGR.				12/14/17	
10. HOUSING INSPECTED BY:										
Signature of Authorized Official					Typed Name and Title				Date	
<i>Joyce Hahn</i>					Joyce Hahn, FLC Coordinator				12/14/17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official					Typed Name and Title				Date	
<i>Joyce Hahn</i>					Joyce Hahn, FLC Coordinator				12/14/17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 430 Paul Lane Wayland, MO 63472					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	13'6"	13'6"	13'6"							5. CAPACITY (Adults) # 9 ju	
Width	11'6"	11'6"	11'6"							6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	8	8	8							Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet	158	158	158							Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single			1							Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double			1							Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2						2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1	1		1		2 Kiddie					
8. COMMENTS											
Smoke/Carbon Monoxide Detectors---4											
New quality built construction											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
Mike Peters						MIKE PETERS				12/11/17	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official						Typed Name and Title				Date	
Joyce Hahn						Joyce Hahn, FLC Coordinator				12-11-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
Joyce Hahn						Joyce Hahn, FLC Coordinator				12-11-17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 605 East Cross St. #4 Hamilton, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
Length		14'10	11'9	16.2					5. CAPACITY <i>(Adults)</i> 9		
Width		11.3	11.3	11.3					6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>		
Ceiling Height		8	8	8					Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Feet									Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Rooms									Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds, Single		1	1	1					Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds or Bunks, Double		1	1	1					Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets 2	Privy	Urinals		Lav. or Washbasins		Showerheads 2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1		First-aid Kits 1		Fire Extinguishers <i>(No. & type)</i> 2 Kiddie					
8. COMMENTS Smoke/Carbon Monoxide Detectors---4 New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title MIKE PETERS SUPER					Date 12/14/17	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator					Date 12/14/17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator					Date 12/14/17	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

Form Approved
Budget Bureau No. 44-R1358

EMPLOYER FURNISHED HOUSING AND FACILITIES
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Highway D20
Alden, IA 50006

2. HOUSING LOCATION

22 Spencer Court Lot 26
Bloomfield Iowa 52537

3. HOUSING DESCRIPTION

Mobile home

4. SLEEP ROOMS
(No. & Measure)

	a. Dormitory Type				b. Family Type			
	1	2	3	4	1	2	3	4
Length	12.9	12.8	11.6					
Width	11.1	11	11.1					
Ceiling Height	7.11	7.11	7.11					
Square Feet	143	140	128					
No. of Rooms								
No. of Beds, Single	1	1	1					
No. of Beds or Bunks, Double	1	1	1					

ES USE ONLY

5. CAPACITY
(Adults)

6. REGULATIONS COMPLIANCE
(x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy 0	Urinals 0	Lav. or Washbasins 2	Showerheads 2
Bathtubs 2	Movable Bathtubs 0	Laundry machines 0	Fixed laundry tubs 0	Movable laundry tubs 0
Cook Stoves 1	Refrigerators 1	Garbage containers 4	First-aid Kits 1	Fire Extinguishers (No. & type) 2 ABC

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Ron Hurley

Typed Name and Title

RON HURLEY

Date

12/14/17

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Marco A. Adasme

Typed Name and Title

Marco A. Adasme - Housing inspector

Date

12/14/2017

11. APPROVAL:

Housing approved for occupancy by workers recruited Interstate.

Signature of Authorized Official

Denise Schippers

Typed Name and Title

Denise Schippers, Program Manager

Date

5/10/18

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

Form Approved
Budget Bureau No. 44-R1358

EMPLOYER FURNISHED HOUSING AND FACILITIES
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

5046 Red Maple Lane
Fulton, MO 65251

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

	1	2	3	4	1	2	3	4
Length	13'6"	13'6"	13'6"					
Width	11'6"	11'6"	11'6"					
Ceiling Height	8	8	8					
Square Feet	158	158	158					
No. of Rooms								
No. of Beds, Single	1	1	1					
No. of Beds or Bunks, Double	2	2	1					

ES USE ONLY

5. CAPACITY
(Adults)

17 9 1/2

6. REGULATIONS COMPLIANCE
(Check proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Mike Peters

Typed Name and Title

MIKE PETERS SUPER

Date

12/11

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

12-11-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

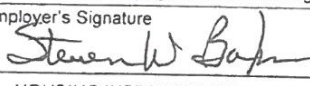
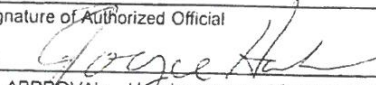
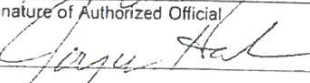
Joyce Hahn

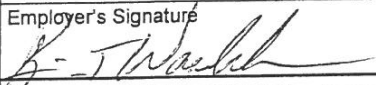
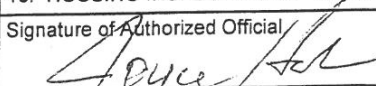
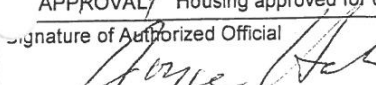
Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

12-11-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 1110 6 th Street Lot #3 Bethany, MO 64424					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
Length	13'6"	13'6"	13'6"							5. CAPACITY <i>(Adults)</i>	12 9 5
Width	11'6"	11'6"	11'6"							6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height	8	8	8							Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet										Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	1	1	1							Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	2	2	2							Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads				
2							2				
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs				
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>				
1	1		1		1		2 Kiddie				
8. COMMENTS Smoke/Carbon Monoxide Detectors---4 New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title STEVEN W. BAKER PROPERTY MGR					Date 12/14/17	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator					Date 12/14/17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator					Date 12/14/17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 605 East Cross St. #4 Hamilton, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4	5. CAPACITY (Adults) 11	
Length		14'10"	11'9"	16.2						6. REGULATIONS COMPLIANCE ("x" proper box)	
Width		11.3	11.3	11.3						Yes	No
Ceiling Height		8	8	8						Water	<input checked="" type="checkbox"/>
Square Feet										Electricity	<input checked="" type="checkbox"/>
No. of Rooms										Site	<input checked="" type="checkbox"/>
No. of Beds, Single				1						Screening	<input checked="" type="checkbox"/>
No. of Beds or Bunks, Double		2	2	1						Heating	<input checked="" type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
2								2			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		2 Kiddie			
8. COMMENTS Smoke/Carbon Monoxide Detectors---4 New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Brian Waschenbach, Supervisor				Date 1-17-17	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-17-17	
APPROVAL/ Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-17-17	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

777 E. Yerby St. Lot 86
Marshall, MO

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	14'10	11'9	16'2						5. CAPACITY (Adults) 11
Width	11'3	11'3	11'3						6. REGULATIONS COMPLIANCE (<i>"x"</i> proper box)
Ceiling Height	8	8	8						Yes No
Square Feet									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single			1						Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

1. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

Form Approved
Budget Bureau No. 44-R1351

EMPLOYER FURNISHED HOUSING AND FACILITIES
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

605 East Cross St. #4
Hamilton, MO

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

	1	2	3	4
Length	14'10	11'9	16.2	
Width	11.3	11.3	11.3	
Ceiling Height	8	8	8	
Square Feet				
No. of Rooms				
No. of Beds, Single			1	
No. of Beds or Bunks, Double	2	2	1	

b. Family Type

	1	2	3	4

ES USE ONLY

5. CAPACITY (Adults) 11

6. REGULATIONS COMPLIANCE ("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

Form Approved
Budget Bureau No. 44-R1358

EMPLOYER FURNISHED HOUSING AND FACILITIES
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

1110 6th Street Lot #3
Bethany, MO 64424

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

	1	2	3	4	1	2	3	4
Length	13'6	13'6	13'6					
Width	11'6	11'6	11'6					
Ceiling Height	8	8	8					
Square Feet								
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double	2	2	2					

ES USE ONLY

5. CAPACITY
(Adults) **12**

6. REGULATIONS COMPLIANCE
(*x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewett Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

1110 6th Street Lot #7
Bethany, MO 64424

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	13'6	13'6	13'6					
Width	11'6	11'6	11'6					
Ceiling Height	8	8	8					
Square Feet								
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double	2	2	2					

5. CAPACITY
(Adults) 12

6. REGULATIONS COMPLIANCE
("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

[Signature]

Brian Waschenbach Site Supervisor

1-20-17

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

[Signature]

Joyce Hahn, FLC Coordinator

1-20-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

[Signature]

Joyce Hahn, FLC Coordinator

1-20-17

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

1110 6th Street Lot #6
Bethany, MO 64424

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

1 2 3 4

b. Family Type

1 2 3 4

ES USE ONLY

Length

13'6"

13'6"

13'6"

Width

11'6"

11'6"

11'6"

Ceiling Height

8

8

8

Square Feet

No. of Rooms

No. of Beds,
Single

No. of Beds or
Bunks, Double

2

2

2

5. CAPACITY
(Adults)

12

6. REGULATIONS COMPLIANCE
("x" proper box)

Yes No

Water

☒ ☐

Electricity

☒ ☐

Site

☒ ☐

Screening

☒ ☐

Heating

☒ ☐

7. FACILITIES (Number of each)

Flush Toilets

2

Privy

Urinals

Lav. or Washbasins

Showerheads

2

Bathtubs

Movable Bathtubs

Laundry machines

Fixed laundry tubs

Movable laundry
tubs

Cook Stoves

1

Refrigerators

1

Garbage containers

1

First-aid Kits

1

Fire Extinguishers
(No. & type)

2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewett Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

1110 6th Street Lot #2
Bethany, MO 64424

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	13'6	13'6	13'6					
Width	11'6	11'6	11'6					
Ceiling Height	8	8	8					
Square Feet								
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double	2	2	2					

5. CAPACITY (Adults)	12
6. REGULATIONS COMPLIANCE ("x" proper box)	
Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006				
2. HOUSING LOCATION 777 E. Yerby St. Lot 86 Marshall, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	14'10	11'9	16'2						5. CAPACITY (Adults) 11
Width	11'3	11'3	11'3						
Ceiling Height	8	8	8						6. REGULATIONS COMPLIANCE (“x” proper box)
Square Feet									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single			1						Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	2	2	1						Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

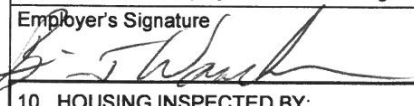
7. FACILITIES (Number of each)				
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

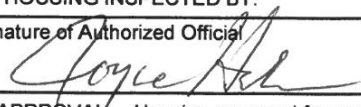
8. COMMENTS

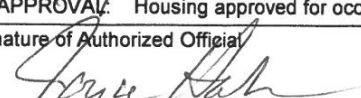
Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Brian W. Schenck <i>Site Supervisor</i>	Date 1-17-17
---	--	------------------------

10. HOUSING INSPECTED BY:		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, FLC Coordinator	Date 1-17-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, FLC Coordinator	Date 1-17-17

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSAlewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006**2. HOUSING LOCATION**605 East Cross St. #4
Hamilton, MO**3. HOUSING DESCRIPTION**

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4
Length	14'10	11'9	16.2					
Width	11.3	11.3	11.3					
Ceiling Height	8	8	8					
Square Feet								
No. of Rooms								
No. of Beds, Single			1					
No. of Beds or Bunks, Double	2	2	1					

5. CAPACITY
(Adults) 11**6. REGULATIONS COMPLIANCE**
("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.
18358 County Hwy D-20
Alden, IA 50006

2. HOUSING LOCATION

430 Paul Lane
Wayland, MO 63472

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

1 2 3 4

b. Family Type

1 2 3 4

ES USE ONLY

Length

13'6"

13'6"

13'6"

Width

11'6"

11'6"

11'6"

Ceiling Height

8

8

8

Square Feet

158

158

158

No. of Rooms

No. of Beds,
Single

1

No. of Beds or
Bunks, Double

2

2

1

5. CAPACITY

(Adults)

11

6. REGULATIONS COMPLIANCE
("x" proper box)

Yes No

Water

☒ ☐

Electricity

☒ ☐

Site

☒ ☐

Screening

☒ ☐

Heating

☒ ☐

7. FACILITIES (Number of each)

Flush Toilets

2

Privy

Urinals

Lav. or Washbasins

Showerheads

2

Bathtubs

Movable Bathtubs

Laundry machines

Fixed laundry tubs

Movable laundry
tubs

Cook Stoves

1

Refrigerators

1

Garbage containers

1

First-aid Kits

1

Fire Extinguishers
(No. & type)

2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

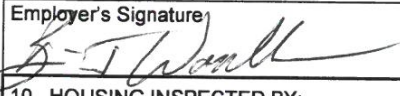
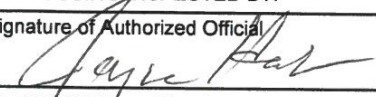
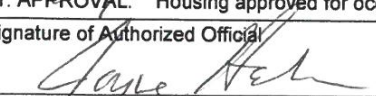
Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION Stone Mobile Home Park 533 W. Summer St. #13 Monroe City, MO 63456					3. HOUSING DESCRIPTION 16 X 80 Mobile Home ID# 3153						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		13'6"	13'6"	13'6"						5. CAPACITY (Adults) 11	
Width		11'6"	11'6"	11'6"						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8						Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		158	158	158						Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single				1						Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double		2	2	1						Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2						2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
2											
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1	1		1		2 kiddie					
8. COMMENTS											
Smoke and Carbon Monoxide Detectors--4 City trash pickup 2x a week Local laundry mat New quality built construction											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title			Date		
						Brian Wachterbach <i>Site Supervisor</i>			1-23-17		
10. HOUSING INSPECTED BY:											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, FLC Coordinator			1-23-17		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, FLC Coordinator			1-23-17		

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSAmazing Grain Farm, LLC
25204 E. Blue Valley Rd.
Independence, MO 64058**2. HOUSING LOCATION**48532 Hwy 10
Hardin, MO 64035**3. HOUSING DESCRIPTION**

Farm House

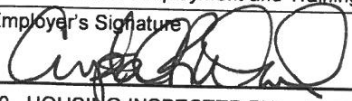
4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	15'4	15'4	15'4	15'4					5. CAPACITY (Adults)
Width	13'6	12'5	13'5	13'6					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	9	9	9	9					Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	207	190	206	207					Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	1	1	1					Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	1	1	1	1					Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

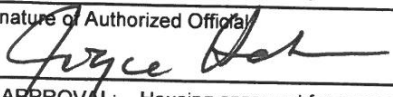
7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1			1	1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	2	2	2

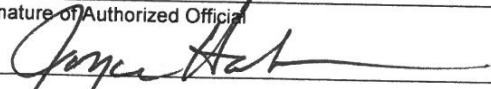
8. COMMENTSETA Regs used for inspection.
Propane gas for heating**9. EMPLOYER'S CERTIFICATION:**I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Crystal Wood office mgr	Date 4-15-16
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10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 4-15-16
---	---	-----------------

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 4-15-16
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Brenda Benner Stables, Inc 6901 Oakland Gravel Rd Columbia, MO 65202				
2. HOUSING LOCATION Same as Above					3. HOUSING DESCRIPTION Apartment adjacent to Stables				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length					11'				5. CAPACITY (Adults)	1
Width					12'				6. REGULATIONS COMPLIANCE ("x" proper box)	Yes No
Ceiling Height					8'				Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet					242'				Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms					1				Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double					1				Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)				
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>Brenda Benner</i>	Typed Name and Title Brenda Benner, President	Date 11/20/16
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 11/20/16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 11/20/16

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Baker Creek Heirloom Seed Company
2278 Baker Creek Road
Mansfield, MO 65704

2. HOUSING LOCATION

2975 Sparks Rd.
Norwood, MO 65717

3. HOUSING DESCRIPTION

Single Family Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length									5. CAPACITY (Adults)
Width									6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Yes No
Square Feet									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>


7. FACILITIES (Number of each)

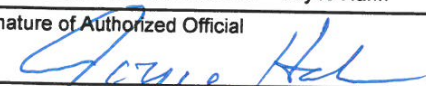
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1
Bathtubs	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1

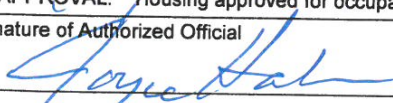
8. COMMENTS

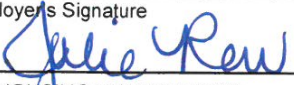
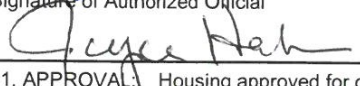
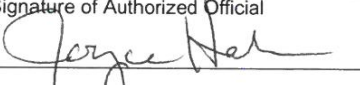
9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

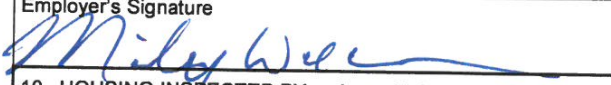
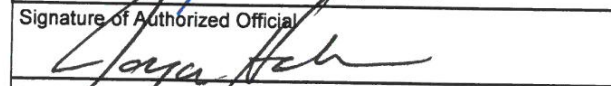
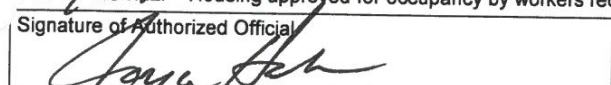
Employer's Signature  Typed Name and Title DANIELLE BRUNELLI HR Date 12-2016

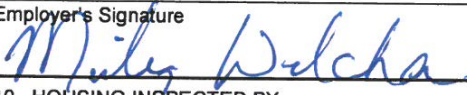
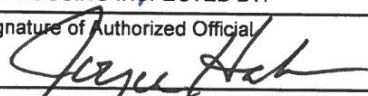
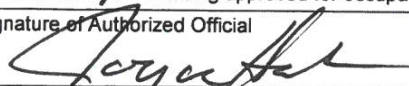
10. HOUSING INSPECTED BY: Joyce Hahn
Signature of Authorized Official  Typed Name and Title Joyce Hahn, Program Coordinator Date 12-2016

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.
Signature of Authorized Official  Typed Name and Title Joyce Hahn, Program Coordinator Date 12-2016

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bela Flor Nurseries, Inc. Harrisonville, Missouri					
2. HOUSING LOCATION 28615 SE Outer road Harrisonville, MO					3. HOUSING DESCRIPTION Large Barn Like Structure with individual sleeping pods/Barracks Style					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	15'	15'	15'	15'	15'	15'	15'	15'	5. CAPACITY (Adults) 40	
Width	18'	18	18	18	18	18	18	18	6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height									Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet	270	270	270	270	270	270	270	270	Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms									Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single									Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2	2	2	2	2	2	Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)										
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads			
4					3		4			
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
			2							
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
3	3		3		1		2 ABC Dry			
8. COMMENTS										
4 Workers per pod 3 Tables 2 Microwaves 2 Fire Extinguishers Smoke alarms in each pod Large portable AC that could be used to cool whole area										
9. EMPLOYER'S CERTIFICATION:										
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature					Typed Name and Title				Date	
					Julie Rew Director of HR				11-6-18	
10. HOUSING INSPECTED BY:										
Signature of Authorized Official					Typed Name and Title				Date	
					Joyce Hahn, FLC Coord				11-6-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official					Typed Name and Title				Date	
					Joyce Hahn, FLC Coord				11-6-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bela Flor Nurseries, Inc. Harrisonville, Missouri																																																																						
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						Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																				
						Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																				
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		2																																																																									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)																																																																							
2	2	1	2	2 ABC Dry																																																																							
8. COMMENTS 4 Workers per pod 3 Tables 2 Microwaves 2 Fire Extinguishers Smoke alarms in each pod Large portable AC that could be used to cool whole area																																																																											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																																																																											
Employer's Signature 				Typed Name and Title Julie Rew Director of HR		Date 11-6-18																																																																					
10. HOUSING INSPECTED BY:																																																																											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn Program Co		Date 11-6-18																																																																					
11. APPROVAL: Housing approved for occupancy by workers recruited interstate																																																																											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Co		Date 11-6-18																																																																					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bela Flor Nurseries, Inc. Harrisonville, Missouri						
2. HOUSING LOCATION 28615 SE Outer road Harrisonville, MO					3. HOUSING DESCRIPTION Large Barn Like Structure with individual sleeping pods/Barracks Style						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		15'	15'							5. CAPACITY (Adults) 40	
Width		18'	18							6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Yes	No
Square Feet		270	270							Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		2	2							Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
										Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals			Lav. or Washbasins			Showerheads			
4					3			3			
Bathtubs	Movable Bathtubs	Laundry machines			Fixed laundry tubs			Movable laundry tubs			
		2									
Cook Stoves	Refrigerators	Garbage containers			First-aid Kits			Fire Extinguishers (No. & type)			
2	2	1			2			2 ABC Dry			
8. COMMENTS 4 Workers per pod 3 Tables 2 Microwaves 2 Fire Extinguishers Smoke alarms in each pod Large portable AC that could be used to cool whole area											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature					Typed Name and Title					Date	
					Misty Welch HR manager					11-16-16	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official					Typed Name and Title					Date	
					Joyce Hahn, Program Coordinator					11-16-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official					Typed Name and Title					Date	
					Joyce Hahn, Program Coordinator					11-16-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bela Flor Nurseries, Inc. Harrisonville, Missouri						
2. HOUSING LOCATION 28615 SE Outer road Harrisonville, MO					3. HOUSING DESCRIPTION Large Barn Like Structure with individual sleeping pods/Barracks Style						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
Length	15'	15'	15'	15'	15'	15'	15'	15'	5. CAPACITY (Adults) 40		
Width	18'	18	18	18	18	18	18	18	6. REGULATIONS COMPLIANCE ("x" proper box)		
Ceiling Height									Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Feet	270	270	270	270	270	270	270	270	Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Rooms									Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds, Single									Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds or Bunks, Double	2	2	2	2	2	2	2	2	Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. FACILITIES (Number of each)											
Flush Toilets 4	Privy		Urinals		Lav. or Washbasins 3		Showerheads 4				
Bathtubs	Movable Bathtubs		Laundry machines 2		Fixed laundry tubs		Movable laundry tubs				
Cook Stoves 3	Refrigerators 3		Garbage containers 3		First-aid Kits 1		Fire Extinguishers (No. & type) 2 ABC Dry				
8. COMMENTS 4 Workers per pod 3 Tables 2 Microwaves 2 Fire Extinguishers Smoke alarms in each pod Large portable AC that could be used to cool whole area											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Misty Welcher HR Manager				Date 11-16-16		
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator				Date 11-16-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator				Date 11-16-16		

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSBela Flor Nurseries, Inc.
Harrisonville, Missouri**2. HOUSING LOCATION**28615 SE Outer road
Harrisonville, MO**3. HOUSING DESCRIPTION**Large Barn Like Structure with individual
sleeping pods/Barracks Style**4. SLEEP ROOMS**
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	15'	15'	15'	15'	15'	15'	15'	15'	5. CAPACITY (Adults) 40
Width	18'	18	18	18	18	18	18	18	6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Yes No
Square Feet	270	270	270	270	270	270	270	270	Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2	2	2	2	2	2	Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
4			3	4
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
		2		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
3	3	3	1	2 ABC Dry

8. COMMENTS4 Workers per pod
3 Tables
2 Microwaves
2 Fire Extinguishers
Smoke alarms in each pod
Large portable AC that could be used to cool whole area**9. EMPLOYER'S CERTIFICATION:**I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

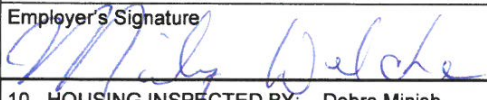

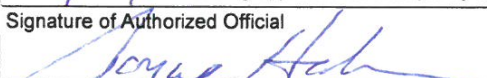
Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bela Flor Nurseries, Inc. Harrisonville, Missouri						
2. HOUSING LOCATION 28615 SE Outer road Harrisonville, MO					3. HOUSING DESCRIPTION Large Barn Like Structure with individual sleeping pods/Barracks Style						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4			
Length	15'	15'							5. CAPACITY <i>(Adults)</i> 40		
Width	18'	18							6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>		
Ceiling Height									Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Feet	270	270							Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Rooms									Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds, Single									Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds or Bunks, Double	2	2							Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads				
4					3		3				
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs				
			2								
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>				
2	2		1		2		2 ABC Dry				
8. COMMENTS 4 Workers per pod 3 Tables 2 Microwaves 2 Fire Extinguishers Smoke alarms in each pod Large portable AC that could be used to cool whole area											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature					Typed Name and Title					Date	
					Misty Welcher HR Manager					11-12-15	
10. HOUSING INSPECTED BY: Debra Minish											
Signature of Authorized Official					Typed Name and Title					Date	
					Debra Minish, Workforce Specialist					11-12-15	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official					Typed Name and Title					Date	
					Debra Minish, Workforce Specialist					11-12-15	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Benner Farms & Harvesting, LLC 14045 NW 61 st Court Kansas City, MO 64152						
2. HOUSING LOCATION 18480 45 Hwy North Weston, MO 64198					3. HOUSING DESCRIPTION Farm House						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
Length						17'3	15'2			5. CAPACITY <i>(Adults)</i> ● 6	
Width						15'1	14'1			6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height										Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet						274	226			Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms						1	1			Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single						4	4			Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals			Lav. or Washbasins			Showerheads			
1					1			1			
Bathtubs	Movable Bathtubs	Laundry machines			Fixed laundry tubs			Movable laundry tubs			
1		1									
Cook Stoves	Refrigerators	Garbage containers			First-aid Kits			Fire Extinguishers <i>(No. & type)</i>			
1	1	1			1			1 ABC			
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Clark Benner				Date 6-15-17	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 6-15-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 6-15-17	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Benner Farms & Harvesting LLC
14045 NW 61st Court
Kansas City, MO 64152

2. HOUSING LOCATION

18480 45 HWY North
Weston, MO 64198

3. HOUSING DESCRIPTION

Farm House

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length					17'3	15'2			5. CAPACITY (Adults) 8
Width					15'1	14'1			6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Yes No
Square Feet					274	226			Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms					1	1			Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single					4	4			Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) BC Size 1

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☐ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>Clark B. Benner</i>	Typed Name and Title CLARK B. BENNER / OWNER	Date 6/9/16
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10. HOUSING INSPECTED BY:

Signature of Authorized Official <i>Debra Minish</i>	Typed Name and Title Debra Minish, State Monitor Advocate	Date 6/9/16
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official <i>Debra Minish</i>	Typed Name and Title Debra Minish, State Monitor Advocate	Date 6/9/16
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Benner Farms & Harvesting LLC 14045 NW 61 st Court Kansas City, MO 64152					
2. HOUSING LOCATION 18480 45 Hwy North Weston, MO 64198					3. HOUSING DESCRIPTION Frame Housing					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length					17'3	15'2			5. CAPACITY (Adults) 8	
Width					15'10	14'10			6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height									Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet					274	226			Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms					1	1			Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single					4	4			Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double									Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)										
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads				
1						1				
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs				
1		1								
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)				
1	1			1		BC Size1				
8. COMMENTS										
9. EMPLOYER'S CERTIFICATION:										
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature					Typed Name and Title					Date
<i>Clark B. Benner</i>					<i>Clark B. Benner, Owner/Manager</i>					<i>6/12/15</i>
10. HOUSING INSPECTED BY:										
Signature of Authorized Official					Typed Name and Title					Date
<i>Debra Minish</i>					Debra Minish, State Monitor Advocate					<i>6/12/15</i>
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official					Typed Name and Title					Date
<i>Debra Minish</i>					Debra Minish, State Monitor Advocate					<i>6/12/15</i>

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants 38009 State Highway AA Anabel, MO 63431					
2. HOUSING LOCATION Same as Employer Address					3. HOUSING DESCRIPTION Large 2 story older farm house.					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length				10' 4"	22' 4"	10' 3"	11' 7"	10' 5"	5. CAPACITY (Adults) 22 / 10	
Width				12' 3"	15' 2"	9'	21' 6"	12' 4"	6. REGULATIONS COMPLIANCE ("X" proper box)	
Ceiling Height				8	8	8	8		Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet				127'	339'	92'	249'	128'	Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms									Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single				22	58	21	80	3	Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double						1			Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)										
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads				
3						3				
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs				
1		1								
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)				
1	1	1				2abc				
8. COMMENTS										
2 means of regress to outside from upper floor 1 bunk and 10 single beds.---Bedding for 12 Total capacity 22										
9. EMPLOYER'S CERTIFICATION:										
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature					Typed Name and Title				Date	
<i>Jashua Collier</i>					Al Cordie, Station Manager				12/14/2018	
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official					Typed Name and Title				Date	
<i>Joyce Hahn</i>					Joyce Hahn, Program Coordinator				12/14/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official					Typed Name and Title				Date	
<i>Joyce Hahn</i>					Joyce Hahn, Program Coordinator				12/14/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants 38009 State Highway AA Anabel, MO 63431						
2. HOUSING LOCATION Same as Employer Address					3. HOUSING DESCRIPTION Large 2 story older farm house.						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length					10' 4"	22' 4"	10'3"	11'7"	10'5"	5. CAPACITY (Adults) 22 10	
Width					12'3"	15'2"	9'	21'6"	12'4"	6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height					8	8	8	8		Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet					127'	339'	92'	249'	128'	Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms										Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single					3	8	2	6	3	Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double										Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets 3		Privy		Urinals		Lav. or Washbasins		Showerheads 3			
Bathtubs 1		Movable Bathtubs		Laundry machines 1		Fixed laundry tubs		Movable laundry tubs			
Cook Stoves 1		Refrigerators 1		Garbage containers 1		First-aid Kits		Fire Extinguishers (No. & type) 2abc			
8. COMMENTS 2 means of regress to outside from upper floor 1 bunk and 10 single beds.---Bedding for 12 Total capacity 22 ladder for 2nd floor Bathroom upstairs shower knob/cleaning											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature Carli Ryals						Typed Name and Title Al Cordle, Station Manager				Date 12/22/17	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official Anita Dixon						Typed Name and Title Anita Dixon, MSFW Program Coordinator				Date 12/22/17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official Anita Dixon						Typed Name and Title Anita Dixon, MSFW Program Coordinator				Date 12/22/17	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSBonnie Plants
38009 State Highway AA
Anabel, MO 63431**2. HOUSING LOCATION**

Same as Employer Address

3. HOUSING DESCRIPTION

Large 2 story older farm house.

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length				10' 4"	22' 4"	10'3"	11'7"	10'5"	5. CAPACITY (Adults) 22
Width				12'3"	15'2"	9'	21'6"	12'4"	6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height				8	8	8	8		Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet				127'	339'	92'	249'	128'	Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single				3	8	2	6	3	Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 3	Privy	Urinals	Lav. or Washbasins	Showerheads 3
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits	Fire Extinguishers (No. & type) 2abc

8. COMMENTS

2 means of regress to outside from upper floor

1 bunk and 10 single beds.---Bedding for 12

Total capacity 22

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Al Cordle, Station Manager

12/14/16

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

Joyce Hahn, Program Coordinator

12-14-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

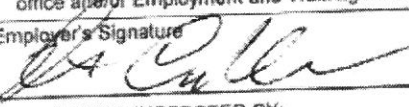
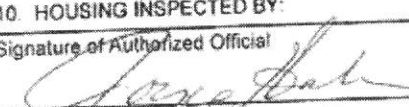
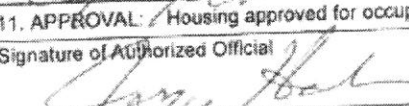
Signature of Authorized Official

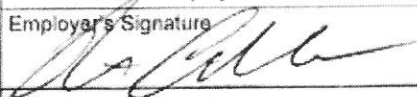
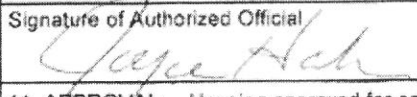
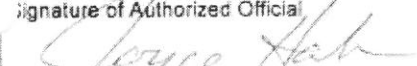
Typed Name and Title

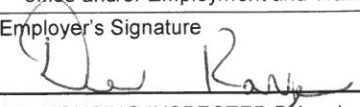
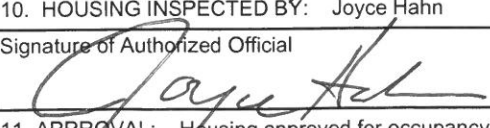
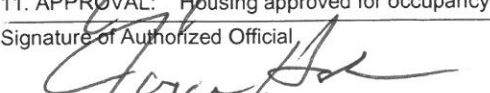
Date

Joyce Hahn, Program Coordinator

12-14-16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants 38009 State Highway AA Anabel, MO 63431						
2. HOUSING LOCATION Same as Employer Address					3. HOUSING DESCRIPTION Large 2 story older farm house.						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4	5. CAPACITY (Adults) 22	
Length					10' 4"	22' 4"	10' 3"	11' 7"	10' 5"	6. REGULATIONS COMPLIANCE (x" proper box) Yes No	
Width					12' 3"	15' 2"	9'	21' 6"	12' 4"	Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Ceiling Height					8	8	8	8		Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet					127'	339'	92'	249'	128'	Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms										Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single					3	8	2	6	3	Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double											
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
3								3			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1				2abc			
8. COMMENTS 2 means of regress to outside from upper floor 1 bunk and 10 single beds.---Bedding for 12 Total capacity 22											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Al Cordle, Station Manager				Date 1-5-16	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Workforce Specialist IV				Date 1-5-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Workforce Specialist IV				Date 1-5-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants 38009 State Highway AA Anabel, MO 63431						
2. HOUSING LOCATION Same as Employer Address					3. HOUSING DESCRIPTION Large 2 story older farm house.						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length					10' 4"	22' 4"	10' 3"	11' 7"	10' 5"	5. CAPACITY (Adults) 22	
Width					12' 3"	15' 2"	9'	21' 6"	12' 4"	6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height					8	8	8	8		Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet					127'	339'	92'	249'	128'	Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single					3	8	2	6	3	Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
3								3			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>			
1		1		1				2abc			
8. COMMENTS 2 means of regress to outside from upper floor 1 bunk and 10 single beds.---Bedding for 12 Total capacity 22											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Al Cordle, Station Manager				Date 12-17-14	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Workforce Specialist IV				Date 12-17-14	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Workforce Specialist IV				Date 12-17-14	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants #61 67465 Lookout Trail California, MO 65018						
2. HOUSING LOCATION 57333 Lookout Trail California, MO 65018					3. HOUSING DESCRIPTION House 3						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		9'8	13'3	11'9						5. CAPACITY (Adults) 7	
Width		10	9'8	9'9						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height										Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet		100	130	118						Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single			1	1						Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		1	1	1						Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1						1		1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		1 ABC			
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Benjamin Kruger				11-29-17	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				11-29-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				11-29-17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants #61 67465 Lookout Trail California, MO 65018				
2. HOUSING LOCATION 57333 Lookout Trail California, MO 65018					3. HOUSING DESCRIPTION Duplex 1-B				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY															
	1	2	3	4	1	2	3	4																
Length	12'9"	9'10"	11'7"						5. CAPACITY (Adults) 9 6. REGULATIONS COMPLIANCE ("x" proper box) <table style="width: 100%;"> <tr> <td style="width: 80%;">Water</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Electricity</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Site</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Screening</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heating</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Width	10'5"	12'4"	9																					
Ceiling Height																								
Square Feet	126	113	106																					
No. of Rooms																								
No. of Beds, Single	1		2																					
No. of Beds or Bunks, Double	1	2																						

7. FACILITIES (Number of each)				
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 ABC

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.


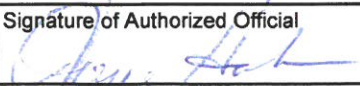

Employer's Signature <i>[Signature]</i>	Typed Name and Title BS Kruger Manager	Date 11-29-17
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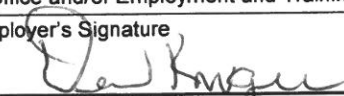
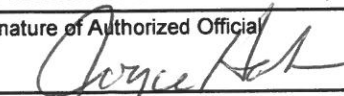
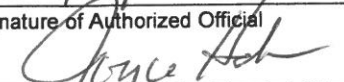
10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official <i>[Signature]</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 11-29-17

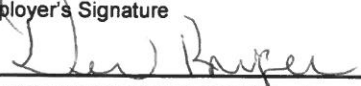
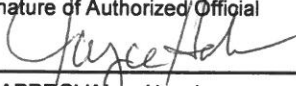
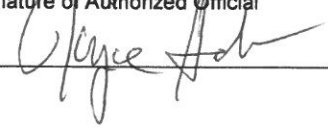
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official <i>[Signature]</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 11-29-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants #61 67465 Lookout Trail California, MO 65018				
2. HOUSING LOCATION 57333 Lookout Trail California, MO 65018					3. HOUSING DESCRIPTION Duplex 1-A				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY																					
	1	2	3	4	1	2	3	4																						
Length	11	12'4								5. CAPACITY (Adults) 10																				
Width	10	23'6																												
Ceiling Height										6. REGULATIONS COMPLIANCE ("x" proper box) Yes No																				
Square Feet	110	266.91								Water <input checked="" type="checkbox"/> <input type="checkbox"/>																				
No. of Rooms										Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>																				
No. of Beds, Single										Site <input checked="" type="checkbox"/> <input type="checkbox"/>																				
No. of Beds or Bunks, Double	1	4								Screening <input checked="" type="checkbox"/> <input type="checkbox"/>																				
7. FACILITIES (Number of each) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td>Flush Toilets 1</td> <td>Privy</td> <td>Urinals</td> <td>Lav. or Washbasins 1</td> <td>Showerheads 1</td> </tr> <tr> <td>Bathtubs 0</td> <td>Movable Bathtubs</td> <td>Laundry machines 1</td> <td>Fixed laundry tubs</td> <td>Movable laundry tubs</td> </tr> <tr> <td>Cook Stoves 1</td> <td>Refrigerators 1</td> <td>Garbage containers 1</td> <td>First-aid Kits 1</td> <td>Fire Extinguishers (No. & type) 1 ABC</td> </tr> <tr> <td colspan="5"></td> </tr> </table>										Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1	Bathtubs 0	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs	Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 ABC						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
										Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1																
										Bathtubs 0	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs																
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8. COMMENTS																														
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Employer's Signature 					Typed Name and Title BS Keyser Manager			Date 11-29-17																						
10. HOUSING INSPECTED BY: Joyce Hahn																														
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 11-29-17																						
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.																														
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 11-29-17																						

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants #61 67465 Lookout Trail California, MO 65018				
2. HOUSING LOCATION 57333 Lookout Trail California, MO 65018					3. HOUSING DESCRIPTION Duplex 1-A				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	11	12'4							5. CAPACITY (Adults) 10
Width	10	23'6							6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	110	266.91							Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1	4							Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1					
Bathtubs 0	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 ABC					
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title Benjamin Kruger				Date 12-2-16	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-2-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-2-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants #61 67465 Lookout Trail California, MO 65018																																																																										
2. HOUSING LOCATION 57333 Lookout Trail California, MO 65018					3. HOUSING DESCRIPTION Duplex 1-B																																																																										
4. SLEEP ROOMS (No. & Measure)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">a. Dormitory Type</th> <th colspan="4" style="text-align: center;">b. Family Type</th> </tr> <tr> <th style="width: 12.5%;">1</th> <th style="width: 12.5%;">2</th> <th style="width: 12.5%;">3</th> <th style="width: 12.5%;">4</th> <th style="width: 12.5%;">1</th> <th style="width: 12.5%;">2</th> <th style="width: 12.5%;">3</th> <th style="width: 12.5%;">4</th> </tr> <tr> <td>Length</td> <td>12'9</td> <td>9'10</td> <td>11'7</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Width</td> <td>10'5</td> <td>12'4</td> <td>9</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ceiling Height</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Square Feet</td> <td>126</td> <td>113</td> <td>106</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Rooms</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds, Single</td> <td>1</td> <td></td> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds or Bunks, Double</td> <td>1</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				a. Dormitory Type				b. Family Type				1	2	3	4	1	2	3	4	Length	12'9	9'10	11'7					Width	10'5	12'4	9					Ceiling Height								Square Feet	126	113	106					No. of Rooms								No. of Beds, Single	1		2					No. of Beds or Bunks, Double	1	2						ES USE ONLY	
a. Dormitory Type				b. Family Type																																																																											
1	2	3	4	1	2	3	4																																																																								
Length	12'9	9'10	11'7																																																																												
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No. of Beds, Single	1		2																																																																												
No. of Beds or Bunks, Double	1	2																																																																													
Length		Width		Ceiling Height		Square Feet		No. of Rooms		No. of Beds, Single		No. of Beds or Bunks, Double		5. CAPACITY (Adults) 9																																																																	
6. REGULATIONS COMPLIANCE ("x" proper box)														Yes	No																																																																
Water														<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																
Electricity														<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																
Site														<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																
Screening														<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																
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Flush Toilets 1		Privy		Urinals		Lav. or Washbasins 1		Showerheads 1																																																																							
Bathtubs 1		Movable Bathtubs		Laundry machines 1		Fixed laundry tubs		Movable laundry tubs																																																																							
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8. COMMENTS																																																																															
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																																																																															
Employer's Signature 								Typed Name and Title Benjamin Kruger				Date 12-2-16																																																																			
10. HOUSING INSPECTED BY: Joyce Hahn																																																																															
Signature of Authorized Official 								Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-2-16																																																																			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.																																																																															
Signature of Authorized Official 								Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-2-16																																																																			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants #61 67465 Lookout Trail California, MO 65018				
2. HOUSING LOCATION 57333 Lookout Trail California, MO 65018					3. HOUSING DESCRIPTION House 3				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	9'8	13'3	11'9						5. CAPACITY (Adults) 7
Width	10	9'8	9'9						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	100	130	118						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		1	1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1	1	1						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1					
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 ABC					
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title Benjamin Kruger			Date 12-2-16	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 12-2-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 12-2-16	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSBonnie Plant #61
57465 Lookout Trail
California, MO 65018**2. HOUSING LOCATION**57465 Lookout Trail
California, MO 65018**3. HOUSING DESCRIPTION**

Single Family House 1A

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	11	12'4							5. CAPACITY (Adults) 10
Width	10	23'6							6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	110	266.91							Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	1	4							Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1
Bathtubs	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc

8. COMMENTS

Laundry machine is located downstairs.

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

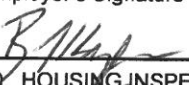
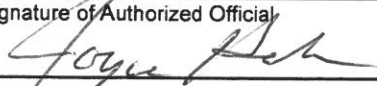
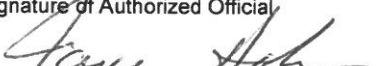
Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plant #61 57465 Lookout Trail California, MO 65018						
2. HOUSING LOCATION 57465 Lookout Trail California, MO 65018					3. HOUSING DESCRIPTION Single Family House 1B						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4			
Length	12'9	9'10	11'7						5. CAPACITY <i>(Adults)</i> 9		
Width	10'5	12'4	9						6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>		
Ceiling Height									Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Feet	126	113	106						Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Rooms									Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds, Single	1		2						Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds or Bunks, Double	1	2							Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. FACILITIES <i>(Number of each)</i>									8		
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads				
1					1		1				
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs				
1			1								
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>				
1	1		1		1		1 abc				
8. COMMENTS Laundry machine is located downstairs.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature					Typed Name and Title				Date		
									12-7-15		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official					Typed Name and Title				Date		
					Joyce Hahn, Program Coordinator				12-7-15		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official					Typed Name and Title				Date		
					Joyce Hahn, Program Coordinator				12-7-15		

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSBonnie Plant #61
57465 Lookout Trail
California, MO 65018**2. HOUSING LOCATION**57465 Lookout Trail
California, MO 65018**3. HOUSING DESCRIPTION**

Single Family House 3

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	9'8	13'3	11'9						5. CAPACITY (Adults) 7
Width	10	9'8	9'9						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	100	130	118						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		1	1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1	1	1						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1
Bathtubs	Movable Bathtubs 1	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)

8. COMMENTS

Laundry machine is located downstairs.

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Bonnie Plant #61
57465 Lookout Trail
California, MO 65018

2. HOUSING LOCATION

57465 Lookout Trail
California, MO 65018

3. HOUSING DESCRIPTION

Single Family House 1A

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	11	12'4							5. CAPACITY (Adults) 10
Width	10	23'6							6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	110	266.91							Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1	4							Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1
Bathtubs	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc

8. COMMENTS

Laundry machine is located downstairs.

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>Benjamin Kruger</i>	Typed Name and Title Benjamin Kruger	Date 1-13-15
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-13-15

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-13-15

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plant #61 57465 Lookout Trail California, MO 65018				
2. HOUSING LOCATION 57465 Lookout Trail California, MO 65018					3. HOUSING DESCRIPTION Single Family House 1B				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	12'9	9'10	11'7						5. CAPACITY (Adults) 9
Width	10'5	12'4	9						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	126	113	106						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	1		2						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1	2							Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)					8
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1	
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs	
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc	

8. COMMENTS

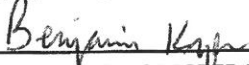
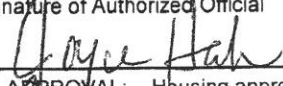
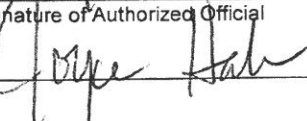
 Laundry machine is located downstairs.

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>Benjamin Kruger</i>	Typed Name and Title <i>Benjamin Kruger</i>	Date <i>1-13-15</i>
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date <i>1-13-15</i>

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date <i>1-13-15</i>

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plant #61 57465 Lookout Trail California, MO 65018						
2. HOUSING LOCATION 57465 Lookout Trail California, MO 65018					3. HOUSING DESCRIPTION Single Family House 3						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		9'8	13'3	11'9						5. CAPACITY (Adults) 7	
Width		10	9'8	9'9						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet		100	130	118						Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single		1	1	1						Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double		1	1	1						Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals			Lav. or Washbasins			Showerheads			
1					1			1			
Bathtubs	Movable Bathtubs	Laundry machines			Fixed laundry tubs			Movable laundry tubs			
	1										
Cook Stoves	Refrigerators	Garbage containers			First-aid Kits			Fire Extinguishers (No. & type)			
8. COMMENTS											
Laundry machine is located downstairs.											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Benjamin Kaper				1-13-15	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				1-13-15	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				1-13-15	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER NAME AND ADDRESS BIBBS TRUCKING 14974 STATE HWY 164 HORNERSVILLE, MO 62855				
2. HOUSING LOCATION <i>515 Main Street</i> <i>Hornersville, MO 63855</i>					3. HOUSING DESCRIPTION <i>Bunk House</i>				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	<i>47</i>								5. CAPACITY (Adults) <i>18 20</i> 6. REGULATIONS COMPLIANCE ("x" proper box) Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Width	<i>226</i>								
Ceiling Height									
Square Feet									
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double	<i>10</i>								
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
<i>2</i>			<i>3</i>	<i>3</i>					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
<i>2</i>	<i>2</i>	<i>4</i>	<i>2</i>	<i>2</i>					

8. COMMENTS
3 smoke alarms
3 A/C units
Rec Area

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>Donald Horvath</i>	Typed Name and Title <i>Donald Horvath</i>	Date <i>3/2/16</i>
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10. HOUSING INSPECTED BY: *Joyce Hahn*

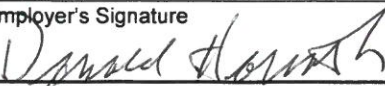
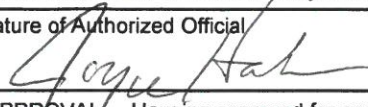
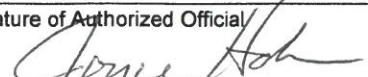
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>	Date <i>3-2-16</i>
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>	Date <i>3-2-16</i>
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. NAME AND ADDRESS BIBBS TRUCKING 14974 STATE HWY 164 HORNERSVILLE, MO 62855						
2. HOUSING LOCATION 303 Mulberry St. Hornersville, MO 63855					3. HOUSING DESCRIPTION Single home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		11'3"								5. CAPACITY (Adults)	
Width		11'4"								6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet										Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single										Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double		2								Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1						1		1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1											
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		2			
8. COMMENTS 2 smoke alarms											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature Donald H. Hahn						Typed Name and Title DONALD HAHN				Date 3/2/14	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official Joyce Hahn						Typed Name and Title Joyce Hahn, Program Coordinator				Date 3/2/16	
11. APPROVAL Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official Joyce Hahn						Typed Name and Title Joyce Hahn, Program Coordinator				Date 2/3/16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Bibbs Trucking 14974 State Hwy 164 Hornersville, MO 62855				
2. HOUSING LOCATION 303 Mulberry Street Hornersville, MO 63855					3. HOUSING DESCRIPTION Single Home				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	11'3								5. CAPACITY (Adults) 3
Width	11'4								6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8								Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	128.82								Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1								Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2 bunk								Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads			
1				1		1			
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1	1	1		1		2			
8. COMMENTS 2 smoke alarms									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Donald Hawth</i>					Typed Name and Title			Date 1-24-17	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 1-24-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 1-24-17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bibbs Trucking 14974 State Hwy 164 Hornersville, MO 62855				
2. HOUSING LOCATION 515 Main Street Hornersville, MO 63855					3. HOUSING DESCRIPTION Bunk House				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	47	22'7"							5. CAPACITY (Adults) 20 26
Width	226	19'9"							6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	10	10							Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	265.55								Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	10 Bunk	3 bunk							Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
2			3	3					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
2	2	4	2	2					
8. COMMENTS 3 smoke alarms 3 A/C Units Recreation Area									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature					Typed Name and Title			Date	
								1-24-17	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			1-24-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			1-24-17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Brown Brothers Farms 985 State Highway VV Gideon, MO 63857				
2. HOUSING LOCATION 303 307 Wiggs Street Kennett, MO 63857					3. HOUSING DESCRIPTION 5 bedroom house				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	14'4	9'11	13'5	18'7	7'2					5. CAPACITY (Adults) 6
Width	13'5	11'1	11'1	9'10	11'11					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8	8	8	8	8					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet										Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1 dbl	1 dbl	1 dbl	1 dbl	1 queen					Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)				
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type)

8. COMMENTS

Dryer

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

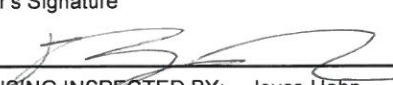
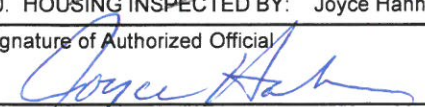
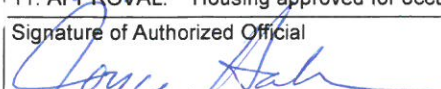
Employer's Signature 	Typed Name and Title Tina Brown	Date 12-12-18
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10. HOUSING INSPECTED BY:		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 12-12-18

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 12-12-18

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Crystal Lake Fisheries, Inc. Route 2, Box 528 Ava, MO 65608						
2. HOUSING LOCATION Route 2, Box 536 Ava, MO 65608					3. HOUSING DESCRIPTION Basement Studio Apartment						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length						12'1				5. CAPACITY (Adults) /	
Width						24'3				6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet						294.03				Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double						1 King				Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
1						1					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1			1		1					
8. COMMENTS <div style="font-size: 1.2em; font-family: cursive;">Kitchen & Sleeping area together.</div>											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title			Date		
						Jonathan Blakey			9-22-16		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, Program Coordinator			9-22-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, Program Coordinator			9-22-16		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Davault LLC 6288 Hwy 139 Paragould, AR 72450						
2. HOUSING LOCATION 4500 4508 Hollywood St. Arbyrd, MO 63821					3. HOUSING DESCRIPTION Mobile Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length						7'8"	8'1"	11'6"		5. CAPACITY (Adults) 3	
Width						9'6"	9'11"	13'		6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height						7	7	7		Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet						74.8	73.79	150.8		Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms						1	1	1		Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double						1 queen / full			1 King	Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2						2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
1		1									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1	1		1		1 ABC					
8. COMMENTS 1 Dryer											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
Mr. Dava						Owner				8-29-18	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official						Typed Name and Title				Date	
Joyce Hahn						Joyce Hahn, Program Coordinator				8-29-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
Joyce Hahn						Joyce Hahn, Program Coordinator				8-29-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Don Bok Farm 2290 Young Road Pacific, MO 63069				
2. HOUSING LOCATION Hunters Run Pacific, MO 63069					3. HOUSING DESCRIPTION Frame Home				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length							11' 8"	12'	
Width							9' 10"	10' 7"	
Ceiling Height							8'	8	
Square Feet							114.61	126.96	
No. of Rooms									
No. of Beds, Single							2	1	
No. of Beds or Bunks, Double								1	
7. FACILITIES (Number of each)									
Flush Toilets 2		Privy		Urinals		Lav. or Washbasins		Showerheads 2	
Bathtubs 1		Movable Bathtubs		Laundry machines 1		Fixed laundry tubs		Movable laundry tubs	
Cook Stoves 1		Refrigerators 1		Garbage containers		First-aid Kits 1		Fire Extinguishers (No. & type) kiddie	
8. COMMENTS Washer and Dryer located in basement area. Trash is taking daily to farm for disposal.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title Don Bok, Owner			Date 1-9-15	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Workforce Specialist			Date 1-9-15	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Workforce Specialist			Date 1-9-15	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Don Bok Farm 2290 Young Road Pacific, MO 63069				
2. HOUSING LOCATION Hunters Run Pacific, MO 63069					3. HOUSING DESCRIPTION Frame Home				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length						11' 8"	12'		5. CAPACITY (Adults) 6	
Width						9' 10"	10' 7"		6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height						8'	8		Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet						114.61	126.96		Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single						2	1		Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double							1		Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)				
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers (No. & type) kiddie

8. COMMENTS

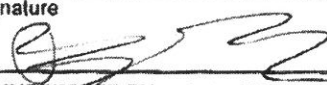
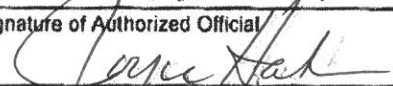
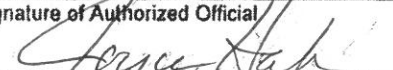
 Washer and Dryer located in basement area. Trash is taking daily to farm for disposal.

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Don Bok, Owner	Date
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official	Typed Name and Title Joyce Hahn, Workforce Specialist	Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official	Typed Name and Title Joyce Hahn, Workforce Specialist	Date

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Don Bok Farm 2290 Young Road Pacific, MO 63069						
2. HOUSING LOCATION Hunters Run Pacific, MO 63069					3. HOUSING DESCRIPTION Frame Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length							11' 8"	12'		5. CAPACITY (Adults) 6	
Width							9' 10"	10' 7"		6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height							8'	8'		Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet							114.61	126.96		Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single							2	1		Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double								1		Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
2								2			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1				1		kiddie			
8. COMMENTS Washer and Dryer located in basement area. Trash is taking daily to farm for disposal.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Don Bok, Owner				Date 1-16-17	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Workforce Specialist				Date 1-16-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Workforce Specialist				Date 1-16-17	

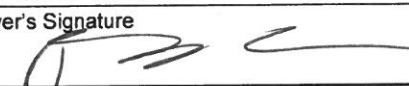
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Don Bok Farm 2290 Young Road Pacific, MO 63069				
2. HOUSING LOCATION Hunters Run Pacific, MO 63069					3. HOUSING DESCRIPTION Frame Home				

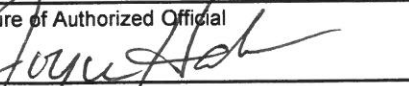
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length						11' 8"	12'		5. CAPACITY (Adults) 6
Width						9' 10"	10' 7"		
Ceiling Height						8'	8		6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Square Feet						114.61	126.96		Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single						2	1		Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double							1		Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2					
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers (No. & type) kiddie					


8. COMMENTS

 Washer and Dryer located in basement area. Trash is taking daily to farm for disposal.

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Don Bok, Owner	Date 1-11-16
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Workforce Specialist	Date 1-11-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Workforce Specialist	Date 1-11-16

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSForest Lawn Nursery
11 Old Bishop Rd
Jonesburg**2. HOUSING LOCATION**

Same as Worksite

3. HOUSING DESCRIPTIONBunkhouse (Morton Building type) with set up of
Kitchen, rec area and restroom with bedrooms
on both sides.

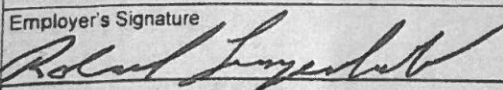
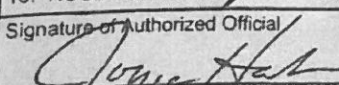
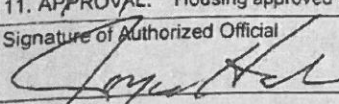
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	8'5"	8'5"	7'5"	9'5"	7'5"	8'			5. CAPACITY (Adults) 6
Width	8'5"	8'5"	12'	8'5"	11'	12'			6. REGULATIONS COMPLIANCE (*x" proper box) Yes No
Ceiling Height	8'	8'	8'	8'	8'	8'			Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	71'	71'	89'	80'	83'	96'			Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	1	1	1	1	1	1			Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									23'X19' Kitchen and Rec area.
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads				Clothesline out side for drying clothes.
1			1		1				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs				
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)				
1	2	1	1		1 abc				

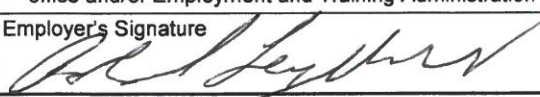
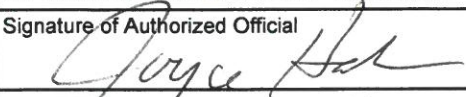
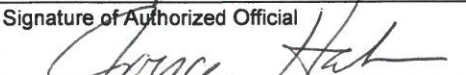
8. COMMENTS

Beds are 12 inches above floor

Personal storage in all occupied bedrooms

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Roland Lenzenhuber, Owner	Date 1-16-19
10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-16-19
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-16-19

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Forest Lawn Nursery 11 Old Bishop Rd Jonesburg						
2. HOUSING LOCATION Same as Worksite					3. HOUSING DESCRIPTION Bunkhouse (Morton Building type) with set up of Kitchen, rec area and restroom with bedrooms on both sides.						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		8'5"	8'5"	7'5"	9'5"	7'5"	8'			5. CAPACITY <i>(Adults)</i> 6	
Width		8'5"	8'5"	12'	8'5"	11'	12'			6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height		8'	8'	8'	8'	8'	8'			Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		71'	71'	89'	80'	83'	96'			Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single		1	1	1	1	1	1			Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES <i>(Number of each)</i>										23'X19' Kitchen and Rec area. Clothesline out side for drying clothes.	
Flush Toilets	Privy	Urinals			Lav. or Washbasins		Showerheads				
1					1		1				
Bathtubs	Movable Bathtubs	Laundry machines			Fixed laundry tubs		Movable laundry tubs				
1		1									
Cook Stoves	Refrigerators	Garbage containers			First-aid Kits		Fire Extinguishers <i>(No. & type)</i>				
1	2	1			1		1 abc				
8. COMMENTS Beds are 12 inches above floor Personal storage in all occupied bedrooms											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Roland Lenzenhuber, Owner				Date 1-27-17	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-27-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-27-17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Forest Lawn Nursery 11 Old Bishop Rd Jonesburg				
2. HOUSING LOCATION Same as Worksite					3. HOUSING DESCRIPTION Bunkhouse (Morton Building type) with set up of Kitchen, rec area and restroom with bedrooms on both sides.				

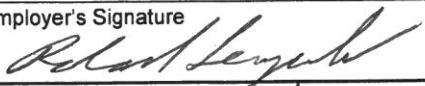
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	8'5"	8'5"	7'5"	9'5"	7'5"	8'			5. CAPACITY (Adults) 6	
Width	8'5"	8'5"	12'	8'5"	11'	12'				
Ceiling Height	8'	8'	8'	8'	8'	8'			6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Square Feet	71'	71'	89'	80'	83'	96'				
No. of Rooms									Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single	1	1	1	1	1	1			Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double									Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1	23'X19' Kitchen and Rec area. Clothesline out side for drying clothes.					
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 1	Refrigerators 2	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc						

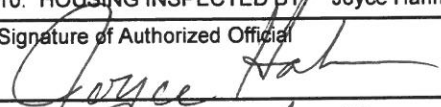
8. COMMENTS

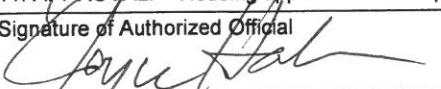
Beds are 12 inches above floor

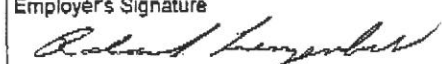
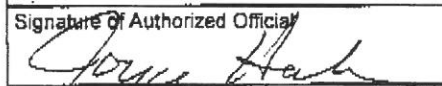
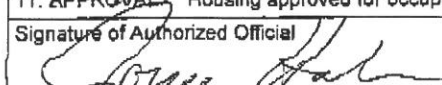
Personal storage in all occupied bedrooms


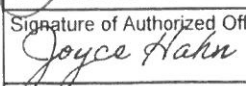
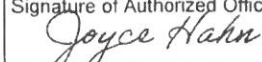
9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Roland Lenzenhuber, Owner	Date 1-14-16
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-14-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-14-16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>						1. EMPLOYER'S NAME AND ADDRESS Forest Lawn Nursery 11 Old Bishop Rd Jonesburg					
2. HOUSING LOCATION Same as Worksite						3. HOUSING DESCRIPTION Bunkhouse (Morton Building type) with set up of Kitchen, rec area and restroom with bedrooms on both sides.					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	8'5"	8'5"	7'5"	9'5"	7'5"	8'				5. CAPACITY (Adults) 6	
Width	8'5"	8'5"	12'	8'5"	11'	12'				6. REGULATIONS COMPLIANCE (*x" proper box)	
Ceiling Height	8'	8'	8'	8'	8'	8'				Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	71'	71'	89'	80'	83'	96'				Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	1	1	1	1	1	1				Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)										23'X19' Kitchen and Rec area. Clothesline out side for drying clothes.	
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
1				1		1					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
1		1									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	2	1		1		1 abc					
8. COMMENTS Beds are 12 inches above floor Personal storage in all occupied bedrooms											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time:											
Employer's Signature 						Typed Name and Title Roland Lenzenhuber, Owner				Date 1-18-15	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-15-15	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-15-15	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Frey Brothers 1711 Progress Dr. Kennett, MO 638557						
2. HOUSING LOCATION 1711 Progress Dr. Kennett, MO 638557					3. HOUSING DESCRIPTION Housing is upstairs at business location.						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	38'5									5. CAPACITY (Adults) 10	
Width	23'6									6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height	8									Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	908.6									Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1									Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	6									Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2 bunks									Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
1						1					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
		1									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	2	1		1		1 abc					
8. COMMENTS 2 regress ladders 1 dryer smoke detectors											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title			Date		
						Tony Phillips, Chief Operations Officer			1/25/18		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, Program Coordinator			1/25/18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, Program Coordinator			1/25/18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Frey Brothers 1711 Progress Dr. Kennett, MO 638557				
2. HOUSING LOCATION 1711 Progress Dr. Kennett, MO 638557					3. HOUSING DESCRIPTION				


4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	38'5"								5. CAPACITY (Adults) 10
Width	23'6"								6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8								Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	908.6								Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1								Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	6								Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2								Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

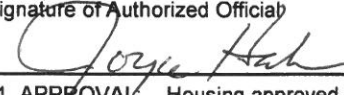
7. FACILITIES (Number of each)				
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1				1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
2	2	1	1	1 ABC

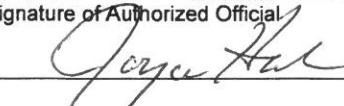
8. COMMENTS

 2 regress ladders
 1 Dryer
 Smoke Detectors

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Tony Phillips Chief Operations Officer	Date 1-24-17
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-24-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-24-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Flick Seed Company 1764 NW 50 Road Kingsville, MO 64061						
2. HOUSING LOCATION 1781 NW Road 50 Kingsville, MO 64061					3. HOUSING DESCRIPTION 5 room home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		10'2"	11'1"							5. CAPACITY (Adults) 6	
Width		13'1"	11'1"							6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8							Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		133.62	123.21							Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms		1	1							Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single		1	1							Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double		1 bk	1 bk							Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1								1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		1			
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Keith Barger</i>						Typed Name and Title <i>Keith Barger</i>				Date <i>2/28/18</i>	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Program Coordinator				Date 2/28/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Program Coordinator				Date 2/28/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Flick Seed Company 1764 NW 50 Road Kingsville, MO 64061				
2. HOUSING LOCATION 1781 NW Road 50 Kingsville, MO 64061					3. HOUSING DESCRIPTION 5 room home				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY															
	1	2	3	4	1	2	3	4																
Length	10'2"	11'1"							5. CAPACITY (Adults) 6 6. REGULATIONS COMPLIANCE ("x" proper box) <table style="width:100%; border: none;"> <tr> <td style="width:80%;">Water</td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> </tr> <tr> <td>Electricity</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Site</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Screening</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heating</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Water	Yes	No	Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water	Yes	No																						
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Width	13'1"	11'1"																						
Ceiling Height	8	8																						
Square Feet	133.62	123.21																						
No. of Rooms	1	1																						
No. of Beds, Single	1	1																						
No. of Beds or Bunks, Double	1 bk	1 bk																						

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1				1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	1

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Bob Wilson Office Admin	Date 5/16/17
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 5-16-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 5-16-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS <i>S.A. Flick Seed Co.</i> <i>P.O. Box 128</i> <i>Kingsville Mo 64061</i>						
2. HOUSING LOCATION <i>1781 NW Rd.</i> <i>Kingsville, Mo 64061</i>					3. HOUSING DESCRIPTION <i>Single family frame dwelling</i>						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		<i>15'</i>	<i>15'</i>	<i>15'1"</i>						5. CAPACITY (Adults) <i>7</i>	
Width		<i>12'</i>	<i>16'</i>	<i>15'1"</i>						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height		<i>8</i>	<i>8</i>	<i>8</i>						Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet		<i>180'</i>	<i>240</i>	<i>228</i>						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms										Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single		<i>2</i>	<i>3</i>	<i>2</i>						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double										Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
<i>1</i>						<i>1</i>		<i>1</i>			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
<i>1</i>				<i>2</i>							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
<i>1</i>		<i>2</i>		<i>1</i>		<i>1</i>		<i>1</i>			
8. COMMENTS <i>Housing build before 1980.</i>											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Kathy Ryan</i>						Typed Name and Title <i>Kathy Ryan Secretary</i>				Date <i>4-2-15</i>	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Debra Menish</i>						Typed Name and Title <i>State Monitor Advocate</i>				Date <i>4-2-15</i>	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Debra Menish</i>						Typed Name and Title <i>State Monitor Advocate</i>				Date <i>4-2-15</i>	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSGrasslands Consultants, LLC
218E Broadway
Monett, MO 65708**2. HOUSING LOCATION**10905 County Road 10
Sarcoxie, MO 64862**3. HOUSING DESCRIPTION**

3 bedroom house

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length					11	11	12'8		5. CAPACITY (Adults) 5
Width					11	11	12		6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Yes No
Square Feet					121	121	153.60		Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single					1	1	2		Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double							1		Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc

8. COMMENTS**9. EMPLOYER'S CERTIFICATION:**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

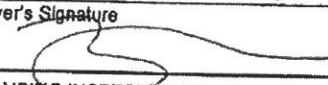
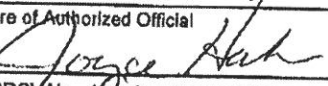
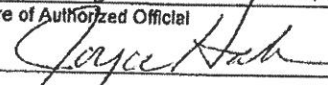
Date

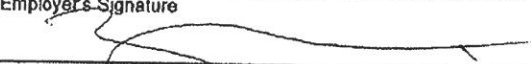
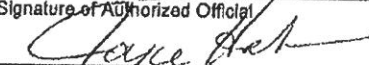
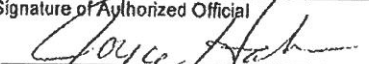
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Grasslands Consultants, LLC 218E Broadway Monett, MO 65708				
2. HOUSING LOCATION 10905 County Road 10 Sarcoie, MO 64862					3. HOUSING DESCRIPTION 3 bedroom house				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length					11	11	12'8		5. CAPACITY (Adults) 5
Width					11	11	12		6. REGULATIONS COMPLIANCE (X = proper box)
Celling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet					121	121	153.60		Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads				
2					2				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs				
2		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)				
1	1		1		1 abc				
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			12-9-16	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			12-9-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			12-9-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Grasslands Consultants, LLC 218E Broadway Monett, MO 65708						
2. HOUSING LOCATION Mariposa 2 24248 East Hwy 86 Stark City, MO 64844					3. HOUSING DESCRIPTION Farm House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length						11'10"	12'6"	12'6"		5. CAPACITY (Adults) 3	
Width						13'3"	10'10"	9'9"		6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height						8	8	8		Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet						157	135	122		Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms						1	1	1		Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single						1	1	1		Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double										Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
2						2		2			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
2				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		1 abc			
8. COMMENTS											
Total capacity for 11 but only beds setup for 3.											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
										12-9-16	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				12-9-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				12-9-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Grasslands Consultants, LLC 218E Broadway Monett, MO 65708						
2. HOUSING LOCATION Wentworth Home 6482 Hwy W, Pierce City, MO 64844					3. HOUSING DESCRIPTION Farm House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		11 ¹⁰	12 ⁶	12 ⁶						5. CAPACITY (Adults) 3	
Width		13 ³	10 ¹⁰	9 ⁹						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8						Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet		157	135	122						Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms		1	1	1						Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		1	1	1						Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
2		-		-		2		2			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
2		-		1		-		-			
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		1			
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Grasslands LLC Kyle B. Burrows</i>						Typed Name and Title KYLE B. BURROWS Business Dev.				Date 12-8-15	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Debra Minish</i>						Typed Name and Title Debra Minish, State Monitor Advocate				Date 12-8-15	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Debra Minish</i>						Typed Name and Title Debra Minish, State Monitor Advocate				Date 12-8-15	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Grasslands Consultants, LLC
218E Broadway
Monett, MO 65708

2. HOUSING LOCATION

Thomlinsons House
22629 Hwy 86
Granby, MO 64844

3. HOUSING DESCRIPTION

Farm House

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	13 ²	13 ²	12 ²					
Width	14 ⁸	14 ⁸	14 ¹⁰					
Ceiling Height	8	8						
Square Feet	195	195	172					
No. of Rooms	1	1	1					
No. of Beds, Single	1	1	1					
No. of Beds or Bunks, Double								

5. CAPACITY
(Adults) 3

6. REGULATIONS COMPLIANCE
("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy -	Urinals -	Lav. or Washbasins 2	Showerheads 3
Bathtubs 1	Movable Bathtubs -	Laundry machines 1	Fixed laundry tubs 1	Movable laundry tubs -
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type)

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

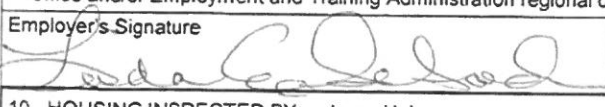
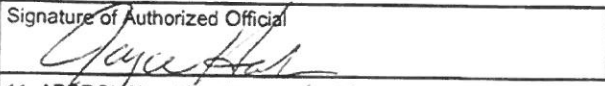
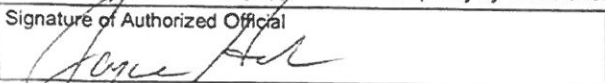
Employer's Signature <i>Grasslands LLC Kyle B. Bownds</i>	Typed Name and Title Kyle B Bownds, Business Developer	Date 12/8/15
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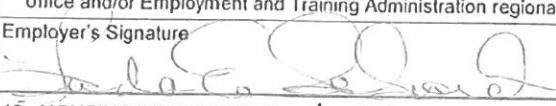
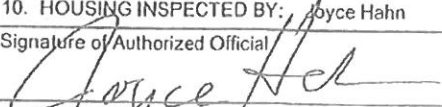
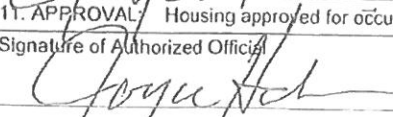
10. HOUSING INSPECTED BY:

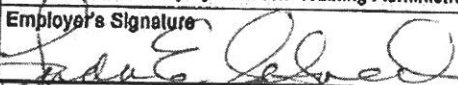
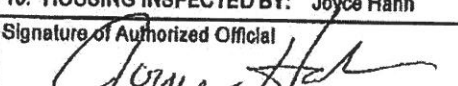
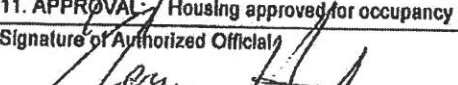
Signature of Authorized Official <i>Debra Minish</i>	Typed Name and Title Debra Minish, State Monitor Advocate	Date 12/8/15
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official <i>Debra Minish</i>	Typed Name and Title Debra Minish, State Monitor Advocate	Date 12/8/15
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Gilbert Schroeder Sod Sales 4600 Byrnesville Road House Springs, Mo 63051				
2. HOUSING LOCATION 4600 Byrnesville Road House Springs, MO					3. HOUSING DESCRIPTION 1200 sq ft Home and 594 sq ft Loft in Barn				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	12	15'6	12	12	12	17'10	14	12'4	5. CAPACITY (Adults) 17
Width	14	14	14	14	14	10'4	11'2	10'4	6. REGULATIONS COMPLIANCE (*x" proper box)
Ceiling Height	8	8	8	8	8	8	8	8	Water <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Square Feet	168	217	168	168	120	180	154	120	Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	2	3	2	2	2	2	2	2	Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)									
Flush Toilets 3 L & 2 H*	Privy	Urinals 1 L & 1 H	Lav. or Washbasins	Showerheads 2 L & 2 H					
Bathtubs 1 house	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1 L & 1 H	Refrigerators 1 L & 1 H	Garbage containers 3	First-aid Kits 1 in each	Fire Extinguishers (No. & type) 1 abc each					
8. COMMENTS ** L stands for loft and H is for the house									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title Linda Schroeder, Secy of Corporation			Date 1/3/19	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn Program Coordinator			Date 1/3/19	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn Program Coordinator			Date 1/3/19	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Gilbert Schroeder Sod Sales 4600 Byrnesville Road House Springs, Mo 63051					
2. HOUSING LOCATION 4600 Byrnesville Road House Springs, MO					3. HOUSING DESCRIPTION 1200 sq ft Home and 594 sq ft Loft in Barn					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	12	15'6"	12	12	12	17'10"	14	12'4"	5. CAPACITY (Adults) 17	
Width	14	14	14	14	14	10'4"	11'2"	10'4"	6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	8	8	8	8	8	8	8	8	Water	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Square Feet	168	217	168	168	120	180	154	120	Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	2	3	2	2	2	2	2	2	Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)										
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads			
3 L & 2 H ^a			1 L & 1 H				2 L & 2 H			
Bathbubs	Movable Bathbubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1 house			1							
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1 L & 1 H	1 L & 1 H		3		1 in each		1 abc each			
8. COMMENTS ** L stands for loft and H is for the house										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 					Typed Name and Title Linda Schroeder, Secy of Corporation			Date 12/15/17		
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official 					Typed Name and Title Joyce Hahn Program Coordinator			Date 12/15/17		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 					Typed Name and Title Joyce Hahn Program Coordinator			Date 12/15/17		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Gilbert Schroeder Sod Sales 4600 Byrnesville Road House Springs, Mo 63051					
2. HOUSING LOCATION 4600 Byrnesville Road House Springs, MO					3. HOUSING DESCRIPTION 1200 sq ft Home and 594 sq ft Loft in Barn					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	12	16'6"	12	12	12	17'10"	14	12'4"	5. CAPACITY (Adults) 17	
Width	14	14	14	14	14	10'4"	11'2"	10'4"	6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	8	8	8	8	8	8	8	8	Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	168	217	168	168	120	180	154	120	Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	2	3	2	2	2	2	2	2	Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)										
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads			
3 L & 2 H*			1 L & 1 H				2 L & 2 H			
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1 house			1							
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1 L & 1 H	1 L & 1 H		3		1 in each		1 abc each			
8. COMMENTS										
** L stands for loft and H is for the house										
9. EMPLOYER'S CERTIFICATION:										
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature					Typed Name and Title			Date		
					Linda Schroeder, Secy of Corporation			12-15-16		
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official					Typed Name and Title			Date		
					Joyce Hahn Program Coordinator			12/15/16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official					Typed Name and Title			Date		
					Joyce Hahn Program Coordinator			12/15/16		

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Gilbert Schroeder Sod Sales
4600 Byrnesville Road
House Springs, Mo 63051

2. HOUSING LOCATION

4600 Byrnesville Road
House Springs, MO

3. HOUSING DESCRIPTION

1200 sq ft Home and
594 sq ft Loft in Barn

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	12	15'6	12	12	12	17'10	14	12'4	5. CAPACITY (Adults) 19
Width	14	14	14	14	14	10'4	11'2	10'4	6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8	8	8	8	8	8	8	8	Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	168	217	168	168	120	180	154	120	Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	3	3	2	2	2	3	2	2	Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)


Flush Toilets 3 L & 2 H*	Privy	Urinals 1 L & 1 H	Lav. or Washbasins	Showerheads 2 L & 2 H
Bathtubs 1 house	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1 L & 1 H	Refrigerators 1 L & 1 H	Garbage containers 3	First-aid Kits 1 in each	Fire Extinguishers (No. & type) 3 abc each

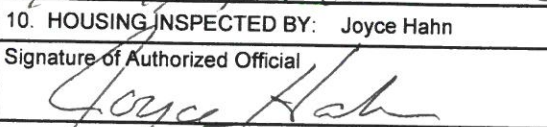
8. COMMENTS

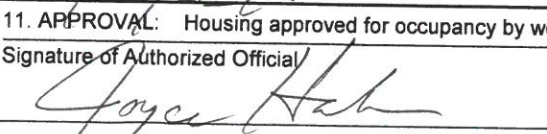
** L stands for loft and H is for the house

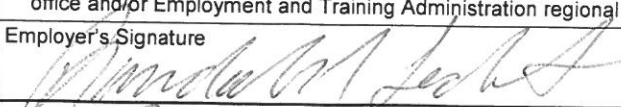
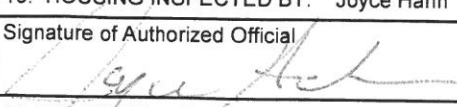
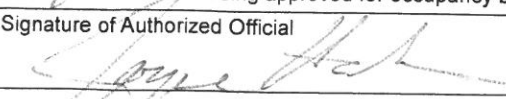
9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature  Typed Name and Title Linda Schroeder, Secy of Corporation Date

10. HOUSING INSPECTED BY: Joyce Hahn
Signature of Authorized Official  Typed Name and Title Joyce Hahn Program Coordinator Date **12/17/13**

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.
Signature of Authorized Official  Typed Name and Title Joyce Hahn Program Coordinator Date **1-12-16**

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS GPM, Inc 15045 Priest St West Alton, MO 63386				
2. HOUSING LOCATION 15045 Priest St West Alton, MO					3. HOUSING DESCRIPTION 4 Bdrm 2 Bath Multi Level single family unit				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length					13	17	9	13	5. CAPACITY (Adults) 15
Width					17	9	12	13	6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet					221	153	108	169	Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single					1			1	Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double					2	2	2		Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)									
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2					
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1 dumpster	First-aid Kits 1	Fire Extinguishers (No. & type) 3 ABC Dry					
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title Randall Fetcher, Owner			Date 1-15-15	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator			Date 1-15-15	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator			Date 1-15-15	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

GPM, Inc
8393 N. State Route 94
West Alton, MO 63386

2. HOUSING LOCATION

8393 N. State Rt 94
West Alton, Mo 63386

3. HOUSING DESCRIPTION

House

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	12'2"	13'	13'6"	8'11"					5. CAPACITY (Adults) 11
Width	12'2"	17'1"	12'6"	12'9"					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	148.8	232.3	171.36	104.6					Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	2 dbl	1 dbl	1 db	1 bunk					Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets 3	Privy	Urinals	Lav. or Washbasins	Showerheads 4
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1 Full 1 small	Garbage containers 4	First-aid Kits 3	Fire Extinguishers (No. & type) 5

8. COMMENTS

Trash pick up once week.

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Randall Fetcher, Owner

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

Joyce Hahn, FLC Coordinator

10-6-15

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Joyce Hahn, FLC Coordinator

10-6-15

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Happy Apple 527 Commercial Drive Washington, MO 63090				
2. HOUSING LOCATION 300 North Three St. Marthasville, MO 63357 HOUSE #2					3. HOUSING DESCRIPTION Split Level				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length				14	16	13	13'5	12'5	5. CAPACITY (Adults) 20
Width				10	13'5	12	10	13'5	
Ceiling Height									6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Square Feet				140	208'5	156	130'5	156'10	
No. of Rooms									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double				2	2	2	2	2	Site <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
8. COMMENTS									

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Edward Reidy, President	Date 6/7/18
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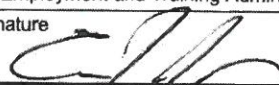
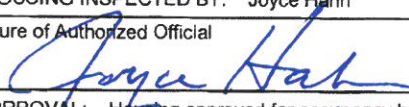
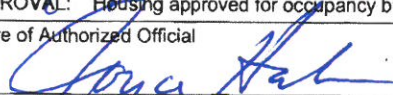
10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, FLC Coordinator	Date 6/7/18

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official 	Typed Name and Title Joyce Hahn, FLC Coordinator	Date 6/7/18
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Happy Apple 527 Commercial Drive Washington, MO 63090						
2. HOUSING LOCATION 305 North Three St. Marthasville, MO 63357 HOUSE #3					3. HOUSING DESCRIPTION Split Level						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length						12'11	10'4	13'6		5. CAPACITY <i>(Adults)</i> 10	
Width						11'11	13'6	11'2		6. REGULATIONS COMPLIANCE <i>("x" proper box)</i> Yes No	
Ceiling Height										Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet						134.43	141.44	152.32		Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms										Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single						1	1			Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double						1bk	1bk	2 bks		Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
2						4		2			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>			
2		1		1		1		1 abc			
8. COMMENTS 1 Driers											
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Employer's Signature 						Typed Name and Title Edward Reidy, President				Date 6/7/18	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6/7/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6/7/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Happy Apple 527 Commercial Drive Washington, MO 63090																																																																																																				
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Length						12'11	10'4	13'6		5. CAPACITY (Adults) 10	
Width						11'11	13'6	11'2		6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height										Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet						134.43	141.44	152.32		Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
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1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
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Employer's Signature 						Typed Name and Title Edward Reidy, President				Date 6-8-17	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6-8-17	
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Happy Apple 527 Commercial Drive Washington, MO 63090				
2. HOUSING LOCATION 200 South Three St. Marthasville <div style="text-align: right;">House #1</div>					3. HOUSING DESCRIPTION Split Level				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length				10	15	11	13	12	5. CAPACITY (Adults) 18
Width				13	13	11	13	14	
Ceiling Height									6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Square Feet				130	195	121	169	168	
No. of Rooms									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single				1		1			Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double				1	2	1	2	2	Site <input checked="" type="checkbox"/> <input type="checkbox"/>
									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines 2x washer	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 2	Refrigerators 4	Garbage containers 2	First-aid Kits 3	Fire Extinguishers (No. & type) 3 ABC Dry

8. COMMENTS

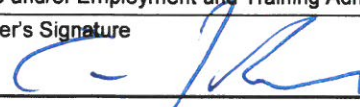
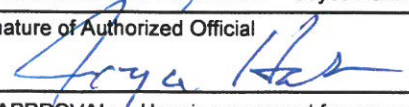

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Employer's Signature 	Typed Name and Title Edward Reidy	Date
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, FLC Coordinator	Date 6-8-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, FLC Coordinator	Date 6-8-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Happy Apple 527 Commercial Drive Washington, MO 63090																									
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4. SLEEP ROOMS (No. & Measure)					a. Dormitory Type				b. Family Type				ES USE ONLY																	
					1 2 3 4				1 2 3 4																					
Length									14				16		13		13'5		12'5		5. CAPACITY (Adults) 20									
Width									10				13'5				12						10		13'5					
Ceiling Height																					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No									
Square Feet									140				208'5				156						130'5		156'10					
No. of Rooms																					Water		<input checked="" type="checkbox"/> <input type="checkbox"/>							
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No. of Beds or Bunks, Double									2				2				2				2				2		Site		<input checked="" type="checkbox"/> <input type="checkbox"/>	
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Employer's Signature 										Typed Name and Title Edward Reidy, President					Date 6-8-17															
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U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Happy Apple
527 Commercial Drive
Washington, MO 63090

2. HOUSING LOCATION

305 South Three St.
Marthasville, MO 63357

Housing # 3

3. HOUSING DESCRIPTION

Split Level

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length				14	16	13	13'5	12'5	5. CAPACITY (Adults) 20
Width				10	13'5	12	10	13'5	6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet				140	208'5	156	130'5	156'10	Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double				2	2	2	2	2	Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No


7. FACILITIES (Number of each)

Flush Toilets 3	Privy	Urinals	Lav. or Washbasins 5	Showerheads 3
Bathtubs 3	Movable Bathtubs	Laundry machines 2	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 3	Refrigerators 3	Garbage containers 2	First-aid Kits 2	Fire Extinguishers (No. & type) 2ABC Dry


8. COMMENTS

9. EMPLOYER'S CERTIFICATION:

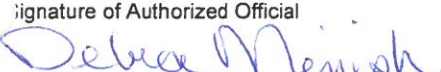
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Employer's Signature 	Typed Name and Title Edward Riley, President	Date 6/15/15
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10. HOUSING INSPECTED BY:

Signature of Authorized Official 	Typed Name and Title Debra Minish, State Monitor Advocate	Date 6/15/15
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official 	Typed Name and Title Debra Minish, State Monitor Advocate	Date 6/15/15
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Happy Apple 527 Commercial Drive Washington, MO 63090						
2. HOUSING LOCATION 300 South Three St. Marthasville, MO 63357					3. HOUSING DESCRIPTION Split Level						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length					14	16	13	13'5	12'5	5. CAPACITY <i>(Adults)</i> 20	
Width					10	13'5	12	10	13'5	6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height										Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet					140	208'5	156	130'5	156'10	Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double					2	2	2	2	2	Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2				5		3					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
2		2									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>					
2	2	2		2		2ABC Dry					
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Edward Reidy, President				6/15/15	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official						Typed Name and Title				Date	
						Debra Minish, State Monitor Advocate				6/15/15	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Debra Minish, State Monitor Advocate				6/15/15	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Happy Apple
527 Commercial Drive
Washington, MO 63090

2. HOUSING LOCATION

200 South Three St.
Marthasville, MO 63357

Housing # 1

3. HOUSING DESCRIPTION

Split Level

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length				10	15	11	13	12
Width				13	13	11	13	14
Ceiling Height								
Square Feet				130	195	121	169	168
No. of Rooms								
No. of Beds, Single				1		1		
No. of Beds or Bunks, Double				1	2	1	2	2

5. CAPACITY
(Adults) 18

6. REGULATIONS COMPLIANCE
("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

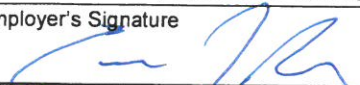
7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines 1 washer 2 dryers	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 2	Refrigerators 4	Garbage containers 2	First-aid Kits 1 3	Fire Extinguishers (No. & type) 2 ABC Dry


8. COMMENTS

9. EMPLOYER'S CERTIFICATION:

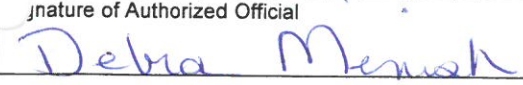
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Edward Reidy, President	Date 6/15/15
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10. HOUSING INSPECTED BY:

Signature of Authorized Official 	Typed Name and Title Debra Minish, State Monitor Advocate	Date 6/15/15
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official 	Typed Name and Title Debra Minish, State Monitor Advocate	Date 6/15/15
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U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSH2A Complete II, Inc.
1926 First Commercial Drive N.
Southaven, MS 38671**2. HOUSING LOCATION**410 S. East Street
Parma, MO 63870**3. HOUSING DESCRIPTION**

House

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length					11'3	11'3	15'1		5. CAPACITY (Adults) 10
Width					10'3	11'4	11'1		6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height					8	8	8		Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet					116.39	128.8	167.61		Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms					1	1	1		Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single						2			Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double					1bk	1bk	2bk		Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

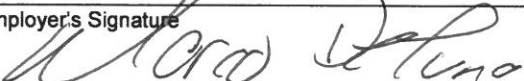
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs 1	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 2	First-aid Kits 1	Fire Extinguishers (No. & type) 1abc

8. COMMENTS

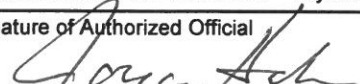
Trash pickup 1x per week

Dryer onsite

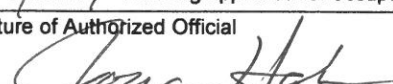
9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

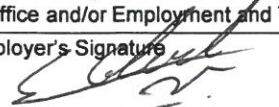
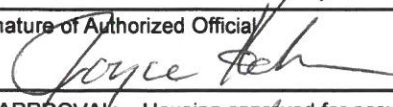
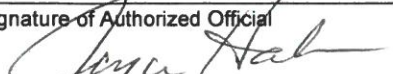
Employer's Signature 	Typed Name and Title	Date 6-9-17
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10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 6-9-17
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 6-9-17
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS H2A Complete II, Inc. 1926 First Commercial Drive N. Southaven, MS 38671						
2. HOUSING LOCATION 410 Main Street Hornersville, MO 63855					3. HOUSING DESCRIPTION Brick Building						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		23'2"	18'9"	18'9"	40'6"					5. CAPACITY (Adults) 45	
Width		13'6"	12'5"	15'8"	18'5"					6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8	8					Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		315.52	236.25	298.62	751.1					Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms		1	1	1						Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double		4 bk	3 bk	4 bk	9 bkl					Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
10	—	—	10		7						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
—	—	—	—		—						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)						
3	4	6	1		9 ABC						
8. COMMENTS											
4 bk = 8 3 bk = 6 4 bk = 8 9 bkl = 18 total = 28 40											
1 Freezer Trash pickup 1x per week											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature					Typed Name and Title					Date	
					Eduardo Vilchis					5-31-17	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official					Typed Name and Title					Date	
					Joyce Hahn, FLC Coordinator					5-31-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official					Typed Name and Title					Date	
					Joyce Hahn, FLC Coordinator					5-31-17	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSJody Jones Trucking LLC
27172 Snapp Road
Keytesville, MO 65261**2. HOUSING LOCATION**23189 Bell School Ave.
Keytesville, MO 65261**3. HOUSING DESCRIPTION**

One Story Bedroom House

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length					13'5	10			5. CAPACITY (Adults) 5
Width					9'10	14			6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height					8	8			Yes No
Square Feet					122.85	140			Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms					1	1			Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single					2	1			Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double						1 BK			Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>


7. FACILITIES (Number of each)

Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1
Bathtubs	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1

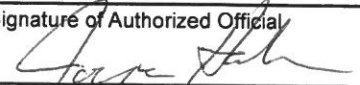
8. COMMENTS

Inspected using ETA regulations (50 sq. ft. per person)

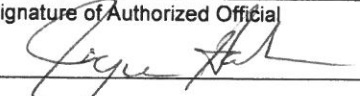
9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Joe E. Jones Sr.	Date 2-11-16
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10. HOUSING INSPECTED BY:

Signature of Authorized Official 	Typed Name and Title Joyce Hahn	Date 2-11-16
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official 	Typed Name and Title Joyce Hahn	Date 2-11-16
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Jamerson Farms 2940 State Hwy K Hornersville, MO 63855						
2. HOUSING LOCATION 2002 County Road 657 Hornersville, MO 63855					3. HOUSING DESCRIPTION House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		12'10"	12'10"	18'5"						5. CAPACITY (Adults) 4	
Width		13'6"	13'6"	15'4"						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet										Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single			1							Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double		1 DBL		Queen 1 DBL						Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
2								1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
2											
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1				1		1			
8. COMMENTS Dumpster pickup Order											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Tim Jamerson General Partner				Date 12-12-18	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-12-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-12-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS J & M Priggel Farms 610 King Street Portageville, MO 63873				
2. HOUSING LOCATION 1204 King Street, Apt 1 Portageville, MO 63873					3. HOUSING DESCRIPTION Apartment				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY															
	1	2	3	4	1	2	3	4																
Length					9'2"	11'5"			5. CAPACITY (Adults) 2 6. REGULATIONS COMPLIANCE ("x" proper box) <table style="width:100%; border: none;"> <tr> <td style="width:80%;">Water</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width:10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Electricity</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Site</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Screening</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heating</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>																						
Width					12'	12'																		
Ceiling Height																								
Square Feet					1104	17365																		
No. of Rooms																								
No. of Beds, Single																								
No. of Beds or Bunks, Double																								

7. FACILITIES (Number of each)

Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1

8. COMMENTS
1-Dryer
1-washer

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>Mike Priggel</i>	Typed Name and Title employer	Date 2-9-17
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10. HOUSING INSPECTED BY: Anita Dixon		
Signature of Authorized Official <i>Anita Dixon</i>	Typed Name and Title Anita Dixon, State Monitor Advocate	Date 2/9/17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official <i>Anita Dixon</i>	Typed Name and Title Anita Dixon, State Monitor Advocate	Date 2/9/17

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Jacinto Hernandez
2746 NW Back Creek Rd.
Arcadia, FL 34265

2. HOUSING LOCATION

510 Main Street Bibbs Trucking providing housing
Hornersville, MO 63855

3. HOUSING DESCRIPTION

Mess Hall/Bunk House

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	14'8"	20'3"						
Width	26'5"	26'5"						
Ceiling Height	8	8						
Square Feet	392.2	537.95						
No. of Rooms	1	1						
No. of Beds, Single								
No. of Beds or Bunks, Double	4	6						

5. CAPACITY
(Adults) 20

6. REGULATIONS COMPLIANCE
("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 6	Privy	Urinals	Lav. or Washbasins 7	Showerheads 6
Bathtubs	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 2	Refrigerators 2	Garbage containers 2	First-aid Kits 2	Fire Extinguishers (No. & type) 6 ABC

8. COMMENTS

Cloths line back yard.
Trash pickup 1x week.

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>Cindy Bibbs Horvath</i>	Typed Name and Title Cindy Bibbs Horvath	Date 5-31-17
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, FLC Coordinator	Date 5-31-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, FLC Coordinator	Date 5-31-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Jacinto Hernandez 2746 NW Back Creek Rd. Arcadia, FL 34265					
2. HOUSING LOCATION 303 Mulberry St. Hornersville, MO 63855					3. HOUSING DESCRIPTION Single Family Home					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	11'3								5. CAPACITY (Adults) 3	
Width	11'4								6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	8								Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet	128.82								Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms									Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single	1								Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double	1 bunk								Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)										
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads				
1				1		1				
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs				
1										
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)				
1	1	2		1		2				
8. COMMENTS 2 smoke alarms										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature <i>Donald Horvath</i>					Typed Name and Title operation manager				Date 1/24/18	
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-24-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-24-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Jacinto Hernandez Harvesting, Inc. 2746 NW Buckcreek Rd. Arcadia, FL 34266						
2. HOUSING LOCATION 515 Main Street Hornersville, MO 63855 Bibbs Trucking providing housing					3. HOUSING DESCRIPTION Bunk House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	47	22'7								5. CAPACITY (Adults) 26	
Width	22'6	19'9								6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	9	9								Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet	1062.2	451.73								Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single										Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double	10 bks	3 bunks								Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2				3		3					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
2	2	4		2		2					
8. COMMENTS											
3 smoke alarms 3 a/c units											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title			Date		
<i>Donald Horvath</i>						Operations Manager			1/24/18		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title			Date		
<i>Joyce Hahn</i>						Joyce Hahn, FLC Coordinator			1-24-18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title			Date		
<i>Joyce Hahn</i>						Joyce Hahn, FLC Coordinator			1-24-18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Jacinto Hernandez 2746 NW Back Creek Rd. Arcadia, FL 34265						
2. HOUSING LOCATION 511 Main Street Bibbs Trucking providing housing Hornersville, MO 63855					3. HOUSING DESCRIPTION Mess Hall/Bunk House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		14'8	20'3							5. CAPACITY (Adults) 20	
Width		26'5	26'5							6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height		8	8							Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet		392.2	537.95							Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms		1	1							Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single										Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double		4 bks	6 bks							Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
6						7		6			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
2		2		2		2		6 abc			
8. COMMENTS Cloths line in backyard Trash pickup 1 x week											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature Donald Horvath						Typed Name and Title Operations Manager				Date 1/24/18	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official Joyce Hahn						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-24-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official Joyce Hahn						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-24-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Keeven Brothers 602 Laura Hill Road O'Fallon, MO 63366						
2. HOUSING LOCATION 2421 Breeze Point Lane O'Fallon, MO 63368					3. HOUSING DESCRIPTION House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		11	9	10'9"						5. CAPACITY (Adults) 6	
Width		8'10"	12'1"	12'8"						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8						Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		90	93	134						Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms		1	1	1						Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single		2	2	2						Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1								1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		1 ABC			
8. COMMENTS <div style="font-size: 2em; font-family: cursive;">1 Dryer</div>											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Arlen D. Hall II Supervisor				12-20-18	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				12-20-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				12-20-18	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE
EMPLOYER FURNISHED HOUSING AND FACILITIES
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS
K&K Cattle and Land, Inc.
801 13th St.
Monett, MO 65708

2. HOUSING LOCATION
26511 Norway Rd.
Stark City, MO 64866

3. HOUSING DESCRIPTION
Single story house

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length					11'6"	11'6"	11'6"		5. CAPACITY (Adults) 4
Width					14'6"	11'1"	11'2"		
Ceiling Height					8	8	8		6. REGULATIONS COMPLIANCE (X proper box) Yes No
Square Feet					168.75	127.65	129.92		
No. of Rooms									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single					2	1	1		Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 kiddie

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title KIP CULLERS PRES.	Date 2-2-17
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10. HOUSING INSPECTED BY:

Signature of Authorized Official 	Typed Name and Title Joyce Hahn - Coordinator	Date 2-2-17
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official 	Typed Name and Title Joyce Hahn - Coordinator	Date 2-2-17
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U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSK&K Cattle and Land, Inc.
601 13th St.
Monett, MO 65708**2. HOUSING LOCATION**26511 Norway Rd.
Stark City, MO 64866**3. HOUSING DESCRIPTION**

Single story house

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length					11'5	11'5	11'6		5. CAPACITY (Adults) 4
Width					14'5	11'1	11'2		6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height					8	8	8		Yes No
Square Feet					166.75	127.65	129.92		Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single					2	1	1		Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1			1	1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	1 Kiddie

8. COMMENTS**9. EMPLOYER'S CERTIFICATION:**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date



Justin Hightower Foreman

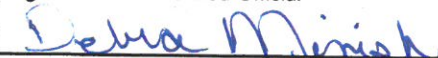
2/29/16

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish State Monitor
Advocate

2/29/16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish State Monitor
Advocate

2/29/16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Living Lands, LLC 16788 Brown Road Elk Creek, MO 65464				
2. HOUSING LOCATION Living Lands, LLC 16788 Brown Road Elk Creek, MO 65464					3. HOUSING DESCRIPTION Travel Trailer VIN# 03152				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length									5. CAPACITY (Adults) 1
Width									6. REGULATIONS COMPLIANCE (“x” proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet									Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	1								Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
0	0	0	1	1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
0	0	0	0	1					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1	1	1	1					
8. COMMENTS Solar Shower outdoor restroom will move camper to various locations food/water delivered as necessary laundry will be tub by hand or will do laundry for him Battery for power to camper reg state for sheep ^{herder} shovel provided if out on range 50% of time									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Loren Steele, manager</i>					Typed Name and Title Loren Steele			Date 8/9/18	
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Anita Dixon</i>					Typed Name and Title Anita Dixon, State Monitor Advocate			Date 8/9/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Anita Dixon</i>					Typed Name and Title Anita Dixon, State Monitor Advocate			Date 8/9/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Lehenbauer Farms, Inc. 6624 County Road 262 Hannibal, MO 63401				
2. HOUSING LOCATION 5934 County Rd 260 Palmyra, MO 63461					3. HOUSING DESCRIPTION Farm House				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	14'	14'							
Width	12'	12'							
Ceiling Height									
Square Feet	168	168							
No. of Rooms	1	1							
No. of Beds, Single	1	1							
No. of Beds or Bunks, Double									
5. CAPACITY (Adults) 4									
6. REGULATIONS COMPLIANCE ("x" proper box)									
Water								Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Electricity								Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Site								Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Screening								Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Heating								Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1			1	1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1	1	1	1					
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION:									
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature					Typed Name and Title			Date	
[Signature]								8/9/17	
10. HOUSING INSPECTED BY: Anita Dixon									
Signature of Authorized Official					Typed Name and Title			Date	
[Signature]					Anita Dixon, State Monitor Advocate			8/9/17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official					Typed Name and Title			Date	
[Signature]					Anita Dixon, State Monitor Advocate			8/9/17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Lehenbauer Farms, Inc. 6624 County Road 262 Hannibal, MO 63401				
2. HOUSING LOCATION 5934 County Rd 260 Palmyra, MO 63461					3. HOUSING DESCRIPTION Farm House				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	14'	14'							5. CAPACITY (Adults) 2
Width	12'	12'							
Ceiling Height									6. REGULATIONS COMPLIANCE ("x" proper box)
Square Feet	168	168							
No. of Rooms	1	1							Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	1	1							Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)				
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1	—	—	1	1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1	—	1	—	—
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	1

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Amy Lehenbauer, Business Manager	Date 5-30-16
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Debra Minish, Program Coordinator	Date 5-30-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 5-30-16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS MacFarlane Pheasants, Inc. 2821 S. US Hwy 51 Janesville, WI 53546				
2. HOUSING LOCATION 22708 MO-76 Rocky Comfort, MO 64861					3. HOUSING DESCRIPTION Farm House				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	13'8	10'10	10'1						5. CAPACITY (Adults) 2
Width	11'8	10	13'5						
Ceiling Height	8	8	8						6. REGULATIONS COMPLIANCE ("x" proper box)
Square Feet	162.84	101	136.35						
No. of Rooms	1	1	1						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	1	1	0						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)				
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) abc

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Sarah pope GM	Date 2/7/18
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 2/7/18

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 2/7/18

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Manville Farms
36402 E State Hwy 146
Gilman City, MO 64642

2. HOUSING LOCATION

36402 E State Hwy 146
Gilman City, MO 64642

3. HOUSING DESCRIPTION

Wood & Concrete House

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	12'6"	13							5. CAPACITY (Adults) 6
Width	10	17'9"							6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8	8							Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	126	233							Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	4								Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	2	2							Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1
Bathtubs	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits	Fire Extinguishers (No. & type)

8. COMMENTS

Fire detectors

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Laura Perry

Laura Perry - Admin Assistant

1-7-16

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

1-7-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

1-7-16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS M & B Land and Cattle Rt 2, Box 224D Mountain Grove, MO 65711				
2. HOUSING LOCATION Rt 2 Box 223E Mountain Grove, MO 65711					3. HOUSING DESCRIPTION Mobile Home				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	7'10	13'7							5. CAPACITY (Adults) 2
Width	7'9	13'0							6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	56.09	178.10							Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	1							Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1	1							Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1				1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1	1	1	1st Alert					
8. COMMENTS Washer / Dryer on-site									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature Brenda Plummer				Typed Name and Title Brenda Plummer owner				Date 5/18/18	
10. HOUSING INSPECTED BY:									
Signature of Authorized Official Joyce Hahn				Typed Name and Title Joyce Hahn, FLC Program Coordinator				Date 5/18/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official Joyce Hahn				Typed Name and Title Joyce Hahn, FLC Program Coordinator				Date 5/18/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS M & B Land and Cattle Rt 2, Box 224D Mountain Grove, MO 65711				
2. HOUSING LOCATION Rt 2 Box 223B Mountain Grove, MO 65711					3. HOUSING DESCRIPTION 3 bedroom house				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	11'4	10'2	10'5						5. CAPACITY (Adults) 82	
Width	11'8	10'1	11'7						6. REGULATIONS COMPLIANCE ("X" proper box)	
Ceiling Height	8	8	8						Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet	134.52	103.02	122.85						Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	1	1						Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		1dbl	1dbl						Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)				
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1

8. COMMENTS
 Dryer on-site.

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>Brenda Plummer</i>	Typed Name and Title <i>Brenda Plummer</i>	Date <i>3-27-18</i>
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10. HOUSING INSPECTED BY:		
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, FLC Program Coordinator	Date <i>3-27-18</i>

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, FLC Program Coordinator	Date <i>3-27-18</i>

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS M & B Land and Cattle Rt 2, Box 224D Mountain Grove, MO 65711						
2. HOUSING LOCATION Rt 2 Box 223B Mountain Grove, MO 65711					3. HOUSING DESCRIPTION 3 bedroom house						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		11'4"	10'2"	10'5"						5. CAPACITY (Adults) 3	
Width		11'8"	10'1"	11'7"						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8						Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet		134.52	103.02	122.85						Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms		1	1	1						Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single		-								Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double		-	1 DBL	1 DBL						Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1								1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		1			
8. COMMENTS Dryer											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
<i>Brenda Plummer</i>						<i>Brenda Plummer, owner</i>				<i>9-21-17</i>	
10. HOUSING INSPECTED BY: Anita Dixon											
Signature of Authorized Official						Typed Name and Title				Date	
<i>Joyce Hahn</i>						<i>Joyce Hahn</i> Anita Dixon, State Monitor Advocate				<i>9-21-17</i>	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
<i>Joyce Hahn</i>						<i>Joyce Hahn</i> Anita Dixon, State Monitor Advocate				<i>9-21-17</i>	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSMarin J. Corporation
2148 North Torrington Rd.
Avon Park, FL 33825**2. HOUSING LOCATION**40348 State Hwy C Unit #16
Senath, MO 63876**3. HOUSING DESCRIPTION**

Wood Frame House

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	21'2	17'8	10'10						5. CAPACITY (Adults) 11
Width	12'4	12	6'10						6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	262.8	213.6	61						Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	1	1						Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	4	4	1						Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	1	1							Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc

8. COMMENTS

Large trash container for weekly pickup

3 smoke alarms

Will take workers to local laundry mat once a week.

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

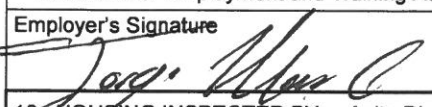


Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Marin J. Corporation 2148 North Torrington Rd. Avon Park, FL 33825						
2. HOUSING LOCATION 4346 State Hwy C Unit #11 Senath, MO 63876					3. HOUSING DESCRIPTION Brick House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		14'3"	14'1"	13'2"	9'9"					5. CAPACITY (Adults) 16	
Width		22'7"	10	14'10"	13'11"					6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8	8					Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		324.61	141	186.12	130					Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms		1	1	1	1					Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single		6	3	4	1					Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double					1					Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2						2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
1											
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
2	2	2		1		2 abc					
8. COMMENTS Large trash container for weekly pickup 3 smoke alarms Will take workers to local laundry mat weekly.											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title			Date		
									5-22-18		
10. HOUSING INSPECTED BY: Anita Dixon											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, FLC Program Coordinator			5-22-18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, FLC Program Coordinator			5-22-18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Marin J. Corporation 2148 North Torrington Rd. Avon Park, FL 33825				
2. HOUSING LOCATION 9348 State Hwy C Senath, MO 63876					3. HOUSING DESCRIPTION Wood Frame House				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	21'2	17'8	10'10						5. CAPACITY (Adults) 10 11
Width	12'4	12	6'10						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	262.8	213.6	61						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	1	1						Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	4	4	1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1	1							Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1					
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc					
8. COMMENTS Large trash container for weekly pickup 3 smoke alarms Will take workers to local laundry mat once a week. bedroom w/1 bed send — needs new window picture & screen water/clec not on send local to inspect									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Jorge Mae</i>					Typed Name and Title			Date 4/26/17	
10. HOUSING INSPECTED BY: Anita Dixon									
Signature of Authorized Official <i>Anita Dixon</i>					Typed Name and Title Anita Dixon, State Monitor Advocate			Date 4/26/17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Anita Dixon</i>					Typed Name and Title Anita Dixon, State Monitor Advocate			Date 4/26/17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Marin J. Corporation 2148 North Torrington Rd. Avon Park, FL 33825						
2. HOUSING LOCATION 9346 State Hwy C Senath, MO 63876					3. HOUSING DESCRIPTION Brick House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		14'3	14'1	13'2	9'9					5. CAPACITY (Adults) 16	
Width		22'7	10	14'10	13'11					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height		8	8	8	8					Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet		324.61	141	186.12	130					Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms		1	1	1	1					Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		6	3	4	1					Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double					1					Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
2								2			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1											
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
2		2		2		1		1 abc			
8. COMMENTS Large trash container for weekly pickup 3 smoke alarms Will take workers to local laundry mat weekly. <div style="text-align: right; font-style: italic;"> water / electric not on send local to inspect </div>											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
										4/26/17	
10. HOUSING INSPECTED BY: Anita Dixon											
Signature of Authorized Official						Typed Name and Title				Date	
						Anita Dixon, State Monitor Advocate				4/26/17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Anita Dixon, State Monitor Advocate				4/26/17	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Marin J. Corporation
2148 North Torrington Rd.
Avon Park, FL 33825

2. HOUSING LOCATION

4346 State Hwy C
Senath, MO 63876

3. HOUSING DESCRIPTION

Wood Frame House

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	14'3"	14'1"	13'2"	9'9"					5. CAPACITY (Adults) 16
Width	22'7"	10	14'10"	13'11"					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8	8	8	8					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	324.61	141	186.12	130					Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	1	1	1					Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	6	3	4	1					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double				1					Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

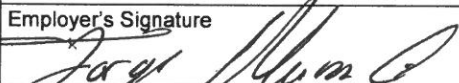
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 2	Refrigerators 2	Garbage containers 2	First-aid Kits 1	Fire Extinguishers (No. & type) 1 ABC

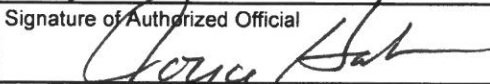
8. COMMENTS


Will take to local Laundry Mat.
3 smoke alarms
1 Large garbage container for weekly pickup


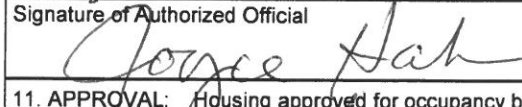
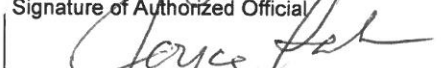
9. EMPLOYER'S CERTIFICATION:

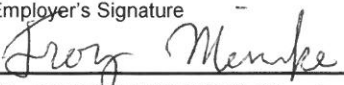
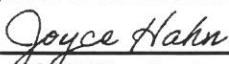
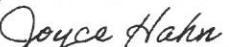
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Jorge Marin Gomez	Date
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 5-5-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 5-5-16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Marin J. Corporation 2148 North Torrington Rd. Avon Park, FL 33825				
2. HOUSING LOCATION 9348 State Hwy C Senath, MO 63876					3. HOUSING DESCRIPTION Wood Frame House				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	21'2"	17'8"	10'10"						5. CAPACITY (Adults) 13
Width	12'4"	12'	6'10"						6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	2688	213.6	61						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	1	1						Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	4	4	1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1	1							Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1				1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1	1	1	1 ABC					
8. COMMENTS 1 large container for weekly pickup 3 smoke alarms Will take to local laundry mat.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title Jorge Marc Gomez			Date	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 5-5-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 5-15-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining 501 Ballew St. Princeton, MO 64673						
2. HOUSING LOCATION RR 2 N. 65 Hwy Princeton, MO 64673					3. HOUSING DESCRIPTION Apartment						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		15'6"	9'4"	9'4"						5. CAPACITY (Adults) 8	
Width		12	14	13'5"						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8						Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		187.2	131.6	126.9						Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single			2	2						Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double		2								Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
2								2			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
2				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		1 abc			
8. COMMENTS 											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Troy Meinke Partner/owner				Date 12/10/18	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 12/10/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 12/10/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining RR #1 Box 14 Princeton, MO 64673				
2. HOUSING LOCATION Mobile Unit located at Employer's Corporate site					3. HOUSING DESCRIPTION Semi-Tractor Trailer Unit Mobile ID# Tag # 1 ULY VS 2530 649790 04 FILED				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	53								5. CAPACITY (Adults)
Width	8 1/2								6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening <input type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2								Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1				2					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1	1	1	1 ABC					
8. COMMENTS Slideouts 4x7 1/2 & 4x12									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature Terry L. Meinke				Typed Name and Title Terry L. Meinke, Owner				Date 12/10/18	
10. HOUSING INSPECTED BY:									
Signature of Authorized Official Joyce Hahn				Typed Name and Title Joyce Hahn, Workforce Specialist				Date 12/10/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official Joyce Hahn				Typed Name and Title Joyce Hahn, Workforce Specialist				Date 12/10/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining RR #1 Box 14 501 Ballew St Princeton, MO 64673						
2. HOUSING LOCATION Mobile Unit located at Employer's Corporate site					3. HOUSING DESCRIPTION Semi-Tractor Trailer Unit Mobil ID# 1GRBA84280B066704 Tag # CFA 343						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	43'									5. CAPACITY (Adults) 6	
Width	8.5'									6. REGULATIONS COMPLIANCE (“x” proper box) Yes No	
Ceiling Height										Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet	365.5'									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms										Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single										Screening <input type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double	3									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals			Lav. or Washbasins			Showerheads			
1					1			1			
Bathtubs	Movable Bathtubs	Laundry machines			Fixed laundry tubs			Movable laundry tubs			
1		1									
Cook Stoves	Refrigerators	Garbage containers			First-aid Kits			Fire Extinguishers (No. & type)			
1	1	1			2			2 abc dry			
8. COMMENTS 2 Hot Plates & Microwave for cooking. 1 Dryer											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Terry L. Meinke</i>						Typed Name and Title Terry L. Meinke, Owner				Date 12/10/18	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Workforce Specialist				Date 12/10/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Workforce Specialist				Date 12/10/18	

Form Approved
Budget Bureau No. 44-R1358

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining RR #1 Box 14 Princeton, MO 64673						
2. HOUSING LOCATION Mobile Unit located at Employer's Corporate site					3. HOUSING DESCRIPTION Semi-Tractor Trailer Unit Mobil ID# 1GRBA84280B066704 Tag # CFA 343						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		43'								5. CAPACITY (Adults) 6	
Width		8.5'								6. REGULATIONS COMPLIANCE (* proper box)	
Ceiling Height										Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		365.5'								Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double		3								Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1						1		1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		2		2 abc dry			
8. COMMENTS 2 Hot Plates & Microwave for cooking. 1 Dryer											
9. EMPLOYER'S CERTIFICATION I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Terry Meinke</i>					Typed Name and Title Terry L. Meinke, Owner					Date 12-7-17	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Workforce Specialist					Date 12-7-17	
11. APPROVAL Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Workforce Specialist					Date 12-7-17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining 501 Ballew St. Princeton, MO 64673						
2. HOUSING LOCATION Mobile Unit located at employers corporate site					3. HOUSING DESCRIPTION Forestor Camper Trailer/Model Cherokee VIN# 4X4TCKE23WK080069						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		30								5. CAPACITY (Adults) 4	
Width		8								6. REGULATIONS COMPLIANCE (*x" proper box)	
Ceiling Height										Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Feet										Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Rooms										Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds, Single										Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds or Bunks, Double										Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1								2			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1											
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		1 abc			
8. COMMENTS 8 X 30 Camper Trailer											
9. EMPLOYER'S CERTIFICATION I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Terry Meinke</i>						Typed Name and Title				Date 12-7-17	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-7-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-7-17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining 501 Ballew St. Princeton, MO 64673				
2. HOUSING LOCATION Mobile Unit located at employers corporate site					3. HOUSING DESCRIPTION Forestor Camper Trailer/Model Cherokee VIN# 4X4TCKE23WK080069				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	30								5. CAPACITY (Adults) 4
Width	8								6. REGULATIONS COMPLIANCE (*x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet									Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)									
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 2					
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc					
8. COMMENTS 8 X 30 Camper Trailer									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Terry L. Meinke</i>				Typed Name and Title TERRY L. Meinke owner				Date 12-27-16	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-27-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-27-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining 501 Ballew St. Princeton, MO 64673				
2. HOUSING LOCATION RR 2 N. 65 Hwy Princeton, MO 64673					3. HOUSING DESCRIPTION Apartment				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	15'6"	9'4"	9'4"						5. CAPACITY (Adults) 8
Width	12	14	13'5"						6. REGULATIONS COMPLIANCE (x" proper box)
Ceiling Height	8	8	8						Water Yes No
Square Feet	187.2	131.6	128.9						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		2	2						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2								Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads			
2						2			
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs			
2		1							
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1	1	1		1		1 abc			
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION:									
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature					Typed Name and Title			Date	
<i>Terry L. Meinke</i>					TERRY L. MEINKE Owner			12-27-16	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official					Typed Name and Title			Date	
<i>Joyce Hahn</i>					Joyce Hahn, Program Coordinator			12-27-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official					Typed Name and Title			Date	
<i>Joyce Hahn</i>					Joyce Hahn, Program Coordinator			12-27-16	



Form Approved
Budget Bureau No. 44-R1358

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining 501 Ballew St. Princeton, MO 64673									
2. HOUSING LOCATION RR 2 N. 65 Hwy Princeton, MO 64673					3. HOUSING DESCRIPTION Apartment									
4. SLEEP ROOMS <i>(No. & Measure)</i>					a. Dormitory Type				b. Family Type				ES USE ONLY	
					1	2	3	4	1	2	3	4		
Length					15'6"	9'4"	9'4"						5. CAPACITY <i>(Adults)</i> 8	
Width					12	14	13'5"						6. REGULATIONS COMPLIANCE <i>(X in proper box)</i>	
Ceiling Height					8	8	8						Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet					187.2	131.6	126.9						Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms													Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single						2	2						Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double					2								Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES <i>(Number of each)</i>														
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads						
2								2						
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs						
2				1										
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>						
1		1		1		1		1 abc						
8. COMMENTS														
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.														
Employer's Signature <i>Jerry Meinke</i>								Typed Name and Title _____				Date 12-7-17		
10. HOUSING INSPECTED BY: Joyce Hahn														
Signature of Authorized Official <i>Joyce Hahn</i>								Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-7-17		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.														
Signature of Authorized Official <i>Joyce Hahn</i>								Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-7-17		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining RR #1 Box 14 Princeton, MO 64673						
2. HOUSING LOCATION Mobile Unit located at Employer's Corporate site					3. HOUSING DESCRIPTION Semi-Tractor Trailer Unit Mobil ID# 1GRBA84280B066704 Tag # CFA 343						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		43'								5. CAPACITY (Adults) 6	
Width		8.5'								6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Yes No	
Square Feet		365.5'								Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms										Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single										Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double		3								Screening <input type="checkbox"/> <input type="checkbox"/>	
										Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1						1		1			
Bathrooms		Movable Bathrooms		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		2		2 abc dry			
8. COMMENTS 2 Hot Plates & Microwave for cooking. 1 Dryer											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Terry L. Meinke</i>						Typed Name and Title Terry L. Meinke, Owner				Date 12-27-16	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Workforce Specialist				Date 12-27-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Workforce Specialist				Date 12-27-16	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Meinke Custom Combining
501 Ballew St.
Princeton, MO 64673

2. HOUSING LOCATION

501 Ballew St.
Princeton, MO 64673

3. HOUSING DESCRIPTION

Forestor Camper Trailer/Model Cherokee
VIN # 4X4TCKE23WK080069

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	30							
Width	80							
Ceiling Height								
Square Feet								
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double								

5. CAPACITY
(Adults) **4**

6. REGULATIONS COMPLIANCE
("x" proper box)

Yes No

Water ☒ ☐

Electricity ☒ ☐

Site ☒ ☐

Screening ☒ ☐

Heating ☒ ☐

7. FACILITIES (Number of each)

Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) abc

8. COMMENTS

80 X 30 Camper Trailer

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Terry L. Meinke

Terry L. Meinke

12-29-2015

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

12/29/15

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

12/29/15

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSMeinke Custom Combining
501 Ballew St.
Princeton, MO 64673**2. HOUSING LOCATION**Mobile Unit located at Employer's
Corporate site**3. HOUSING DESCRIPTION**Semi-Tractor Trailer Unit
Mobil ID # GRBA84280B066704
TAG # CFA 343**4. SLEEP ROOMS**
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	43'								5. CAPACITY (Adults) 6
Width	8.5'								6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	365.5								Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	2								Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1			1	1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	2	2

8. COMMENTS2 Hot Plates & Microwave for cooking
1 Dryer**9. EMPLOYER'S CERTIFICATION:**I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Terry L. Meinke

Terry L. Meinke, owner

12-29-2015

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish
State Monitor Advocate

12/28/15

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish
State Monitor Advocate

12/28/15

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSMeinke Custom Combining
501 Ballew St.
Princeton, MO 64673**2. HOUSING LOCATION**R R 2 N. 65 Hwy
Princeton, MO 64673**3. HOUSING DESCRIPTION**

Apartment

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	15'6"	9'4"	9'4"						5. CAPACITY (Adults) 8
Width	12	14	13'5"						6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8	8	8						Yes No
Square Feet	187.2	131.6	126.9						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		2	2						Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2								Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) abc

8. COMMENTS**9. EMPLOYER'S CERTIFICATION:**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Terry L. Meinke

Typed Name and Title

Terry L. Meinke

Date

12/29/15

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Debra Minish

Typed Name and Title

Debra Minish, State Monitor Advocate

Date

12/29/15

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

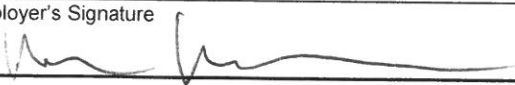
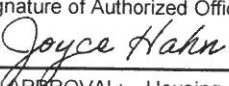
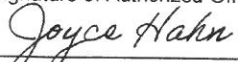
Debra Minish

Typed Name and Title

Debra Minish, State Monitor Advocate

Date

12/29/15

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Mike's Turf Farm PO. Box 1153 Raymore, MO 64083				
2. HOUSING LOCATION 25210 205th Pleasant Hill, MO					3. HOUSING DESCRIPTION House				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length				11'5"	11'5"	10'9"	11'6"	11'5"	5. CAPACITY (Adults) 15
Width				12'6"	14'11"	14'5"	10'8"	15'3"	6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height				8'	8'	8'	8'	8'	Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet				144.9	162.27	158.05	125.28	175.95	Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single				2	3	3		3	Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double							2 bunks		Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets 3	Privy	Urinals	Lav. or Washbasins 3		Showerheads 2				
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs		Movable laundry tubs				
Cook Stoves 1	Refrigerators 2	Garbage containers 2	First-aid Kits 1		Fire Extinguishers (No. & type) 6				
8. COMMENTS 2 of 6 fire extinguishers had inspection dates tags, 3 wall mounted, 3 standing, spaced around household. Ladder against window in basement for means of egress if needed but still does not comply with sleeping area requirements for this area. There should be no beds in this basement area.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title Brian Rape, Manager			Date 12-6-18	
10. HOUSING INSPECTED BY:									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 12-6-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 12-6-18	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Mike's Turf Farm
PO. Box 1153
Raymore, MO 64083

2. HOUSING LOCATION

25210 205th
Pleasant Hill, MO

3. HOUSING DESCRIPTION

House

4. SLEEP ROOMS (No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length				11'5"	11'5"	10'9"	11'6"	11'5"	5. CAPACITY (Adults) 15
Width				12'6"	14'11"	14'5"	10'8"	15'3"	6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height				8'	8'	8'	8'	8'	Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet				144.9	162.27	158.05	125.28	175.95	Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single				2	3	3		3	Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double							2 bunks		Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 3	Privy	Urinals	Lav. or Washbasins 3	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 2	Garbage containers 2	First-aid Kits 1	Fire Extinguishers (No. & type) 6

8. COMMENTS

2 of 6 fire extinguishers had inspection dates tags, 3 wall mounted, 3 standing, spaced around household.

Ladder against window in basement for means of egress if needed but still does not comply with sleeping area requirements for this area. There should be no beds in this basement area.

replacing all bedding (mattress/pillows/sheets)
bathroom remodel off kitchen (shells flooring toilet)
Complete remodel of house (flooring-tile)

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Brian Rape, Manager

12-21-17

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Anita Dixson, MSFW Program Coordinator

12/21/17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Anita Dixson, MSFW Program Coordinator

12/21/17

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSMike's Turf Farm
PO. Box 1153
Raymore, MO 64083**2. HOUSING LOCATION**25210 205th
Pleasant Hill, MO**3. HOUSING DESCRIPTION**

House

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length				11'5"	11'5"	10'9"	11'6"	11'5"	5. CAPACITY (Adults) 13
Width				12'6"	14'11"	14'5"	10'8"	15'3"	
Ceiling Height				8'	8'	8'	8'	8'	6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Square Feet				144.9	162.27	158.05	125.28	175.95	
No. of Rooms									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single				2	3	3	2	23	Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

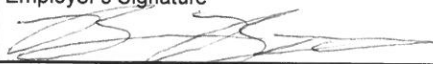
Flush Toilets 3	Privy	Urinals	Lav. or Washbasins 3	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 2	Garbage containers 2	First-aid Kits 1	Fire Extinguishers (No. & type) 6

8. COMMENTS

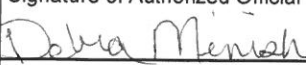
2 of 6 fire extinguishers had inspection dates tags, 3 wall mounted, 3 standing, spaced around household.

Ladder against window in basement for means of egress if needed but still does not comply with sleeping area requirements for this area. There should be no beds in this basement area.

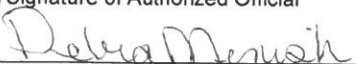
9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.


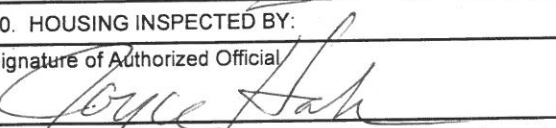

Employer's Signature 	Typed Name and Title Brian Rape Manager	Date 1-5-16
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10. HOUSING INSPECTED BY:

Signature of Authorized Official 	Typed Name and Title Debra Minish, State Monitor Adv.	Date 1-5-16
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official 	Typed Name and Title Debra Minish, State Monitor Advocate	Date 1-5-16
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Mike's Turf Farm PO. Box 1153 Raymore, MO 64083					
2. HOUSING LOCATION 25210 205 th Pleasant Hill, MO					3. HOUSING DESCRIPTION House					
4. SLEEP ROOMS <i>(No. & Measure)</i>	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length				11'5"	11'5"	10'9"	11'6"	11'5"	5. CAPACITY <i>(Adults)</i> 13	
Width				12'6"	14'11"	14'5"	10'8"	15'3"	6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height				8'	8'	8'	8'	8'	Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet				144.9	162.27	158.05	125.28	175.95	Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single				2	4	3	2	3	Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES <i>(Number of each)</i>										
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads			
3					3		2			
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
2			1							
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>			
1	2		2		1		6			
8. COMMENTS 2 of 6 fire extinguishers had inspection dates tags, 3 wall mounted, 3 standing, spaced around household. Ladder against window in basement for means of egress if needed but still does not comply with sleeping area requirements for this area. There should be no beds in this basement area.										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 						Typed Name and Title Brian Rape, Manager			Date 1-22-15	
10. HOUSING INSPECTED BY:										
Signature of Authorized Official 						Typed Name and Title Joyce Hahn			Date 1-22-15	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 						Typed Name and Title Joyce Hahn			Date 1-22-15	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Murphy Family Ventures 5752 Hwy 117 S. Wallace, NC 28466				
2. HOUSING LOCATION 22693 E. B. Hwy Sheldon, MO 64784					3. HOUSING DESCRIPTION House				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type					b. Family Type				ES USE ONLY
	1	2	3	4	5	2	3	4		
Length	13'7"	7'8"	9'9"	7'11"	20				5. CAPACITY (Adults) 9 6. REGULATIONS COMPLIANCE ("x" proper box) Yes No Water <input checked="" type="checkbox"/> <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> <input type="checkbox"/> Site <input checked="" type="checkbox"/> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> <input type="checkbox"/> Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
Width	9'6"	10'10"	13'7"	18'7"	7'11"					
Ceiling Height	8	8	8	8	8					
Square Feet	131.52	78.78	135.63	132.95	142.20					
No. of Rooms										
No. of Beds, Single	2	1	2	2	2					
No. of Beds or Bunks, Double										
7. FACILITIES (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
1				1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)						
1	1	2	1	2						
8. COMMENTS 1 Dryer Weekly trash pickup										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature <i>Bill Rainey</i>				Typed Name and Title Bill Rainey, Maint. Manager				Date 2-13-18		
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, Program Coordinator				Date 2/13/18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, Program Coordinator				Date 2/13/18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Murphy Family Ventures 5752 Hwy 117 S. Wallace, NC 28466				
2. HOUSING LOCATION 22693 E. B. Hwy Sheldon, MO 64784					3. HOUSING DESCRIPTION House				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	13'7	7'8	9'9	7'11	20				5. CAPACITY (Adults) 10
Width	9'6	10'10	13'7	18'7	7'11				6. REGULATIONS COMPLIANCE (*x" proper box)
Ceiling Height	8	8	8	8	8				Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	131.52	78.78	135.63	132.95	142.20				Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	1	1	1	1				Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	2	1	2	2	3				Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1				1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1	2	1	2					
8. COMMENTS 1 dryer on site Weekly trash pickup									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Stacy Bond</i>					Typed Name and Title <i>Stacy Bond, Employee Development mgr</i>				
					Date <i>1/25/19</i>				
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 1/25/19	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 1/25/19	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Murphy Grain, LLC PO Box 225 Malden, MO 63863						
2. HOUSING LOCATION 7607 D Hwy Parma, MO 63870					3. HOUSING DESCRIPTION 6 bedroom house						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		9'11"	11'2"	12'7"	13'11"	13'1"				5. CAPACITY (Adults) 8	
Width		12'11"	18'6"	15'8"	11'9"	10'4"				6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8	8	8				Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet										Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single										Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double		1 db1	2 db1	1 db1	1 db1	1 db1				Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
3						2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
1		1									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1	1		1		2 Kiddie					
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Gary Murphy III, member of Murphy Grain LLC				12-13-18	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				12-13-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				12-13-18	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Moseley Farms, LLC
PO Box 175
Meadville, MO 64659

2. HOUSING LOCATION

102 Mallard Drive
Brookfield, MO

3. HOUSING DESCRIPTION

2 story house

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	37'5"								5. CAPACITY (Adults) 10 6. REGULATIONS COMPLIANCE ("x" proper box)
Width	29'4"								
Ceiling Height	8								
Square Feet	110.25								
No. of Rooms	1								
No. of Beds, Single	10								
No. of Beds or Bunks, Double									Yes No Water <input checked="" type="checkbox"/> <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> <input type="checkbox"/> Site <input checked="" type="checkbox"/> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> <input type="checkbox"/> Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1				1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1		1	1 Buckeye

8. COMMENTS

1 Dryer on-site

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

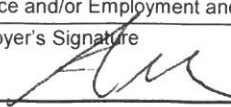
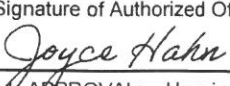
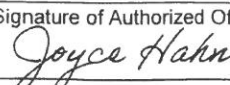
Employer's Signature	Typed Name and Title	Date
<i>Ira Moseley</i>	Ira Moseley Manager	31/MAY/18

10. HOUSING INSPECTED BY:

Signature of Authorized Official	Typed Name and Title	Date
<i>Joyce Hahn</i>	Joyce Hahn, Program Coordinator	5-31-18

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official	Typed Name and Title	Date
<i>Joyce Hahn</i>	Joyce Hahn, Program Coordinator	5-31-18

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Moyer Farms, LLC 39909 E 160 th St Richmond, MO 64085						
2. HOUSING LOCATION 12664 Hwy 13 Richmond, MO 64085					3. HOUSING DESCRIPTION House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length						10'	136"			5. CAPACITY (Adults) 4	
Width						156"	10'			6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet						156	136			Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms						1	1			Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double						2	1			Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
1						1					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
1											
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1	1		1		1					
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Nathan Moyer				4/9/18	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				4/9/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				8 4/9/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Pin Oak Farms, Inc. 2431 Hwy E New Haven, MO 63068					
2. HOUSING LOCATION 200 Maupin Street New Haven, MO 63068					3. HOUSING DESCRIPTION 5 bedroom house					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	14'11"	11'2"	13'2"	17'2"						5. CAPACITY (Adults) 56
Width	17'1"	17'	17'1"	17'2"						6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8'9"	8'9"	8'9"	8'9"						Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	241.2	190	225	295						Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	1	1	1						Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single		2								Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	1 king		2 double	1 double						Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)										
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads				
2						2				
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs				
		1								
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)				
1	3	1		1		1abc				
8. COMMENTS										
Trash pick up is twice a week.										
9. EMPLOYER'S CERTIFICATION:										
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature					Typed Name and Title			Date		
Duane Brune					Duane Brune			2-26-18		
10. HOUSING INSPECTED BY: JOYCE HAHN										
Signature of Authorized Official					Typed Name and Title			Date		
Joyce Hahn					Joyce Hahn, Program Coordinator			2/26/18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official					Typed Name and Title			Date		
Joyce Hahn					Joyce Hahn, Program Coordinator			2/26/18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Pin Oak Farms, Inc. 2431 Hwy E New Haven, MO 63068						
2. HOUSING LOCATION 200 Maupin Street New Haven, MO 63068					3. HOUSING DESCRIPTION 5 bedroom house						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		14'11"	11'2"	13'2"	17'2"					5. CAPACITY (Adults) 5	
Width		17'1"	17'	17'1"	17'2"					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height		8'9"	8'9"	8'9"	8'9"					Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet		241.2	190	225	295					Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms		1	1	1	1					Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		1 queen	1 single	2 db	1 db					Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2						2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
		1									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	3	1		1		1 ABC					
8. COMMENTS Twice a week pick up.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
Duane Brune						Duane Brune				3-9-17	
10. HOUSING INSPECTED BY: Anita Dixon											
Signature of Authorized Official						Typed Name and Title				Date	
Anita Dixon						Anita Dixon, State Monitor Advocate				3-9-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
Anita Dixon						Anita Dixon, State Monitor Advocate				3-9-17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Pierce Farming Co. 1375 CO Hwy 344 Caruthersville, MO 63830				
2. HOUSING LOCATION 1822 CO Hwy 344 Caruthersville, MO 63830					3. HOUSING DESCRIPTION House				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length					12'2"	12'2"	12'1"		5. CAPACITY (Adults) 3
Width					11	11'5"	8'8"		6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height					8	8	8		Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet					134.20	140.3	106.48		Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms					1	1	1		Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)									
Flush Toilets /	Privy	Urinals	Lav. or Washbasins	Showerheads /					
Bathtubs /	Movable Bathtubs	Laundry machines /	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves /	Refrigerators /	Garbage containers /	First-aid Kits /	Fire Extinguishers (No. & type) /					
8. COMMENTS <div style="font-size: 1.5em; font-family: cursive;">Dryer On-site</div>									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title JEFF PIERCE			Date 4-5-18	
10. HOUSING INSPECTED BY:									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 4-5-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 4-5-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Pride Harvesting, LLC 729 Peacock Avenue Lahigh Acres, FL 33974					
2. HOUSING LOCATION 108 NE Street Parma, MO 63870					3. HOUSING DESCRIPTION Barracks style housing					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	32.4	19.11	11.7						5. CAPACITY (Adults) 30	
Width	26.3	11.11	20.3						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	8	8	8						Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	852.12	212.31	237.51						Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	1	1						Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	3	1							Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks Double	9	2	2						Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
3			5	3						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)						
3	4	2	2	2 ABC						
8. COMMENTS microwave Dryer on site Weekly trash pickup										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature					Typed Name and Title			Date		
					Ray Dzunia Director of Operations			4/5/2018		
10. HOUSING INSPECTED BY										
Signature of Authorized Official					Typed Name and Title			Date		
					Joyce Hahn, Program Coordinator			4-5-18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official					Typed Name and Title			Date		
					Joyce Hahn, Program Coordinator			4-5-18		

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSProvidence Farm
8171 Hwy 92 E
Bee Branch, AR 72013**2. HOUSING LOCATION**20770 St. Hwy 76
Cassville, MO 65625**3. HOUSING DESCRIPTION**

House

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	11'2"								5. CAPACITY (Adults) 1
Width	12'1"								6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8								Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	234.32								Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1								Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	1								Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 2	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers weekly pickup	First-aid Kits 1	Fire Extinguishers (No. & type) 1

8. COMMENTSneed fire exting. + first Ad Kit
need pictures of washer/dryer**9. EMPLOYER'S CERTIFICATION:**I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>Perry McChesney</i>	Typed Name and Title Perry McChesney	Date 5-23-17
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10. HOUSING INSPECTED BY:

Signature of Authorized Official <i>Anita Dixon</i>	Typed Name and Title Anita Dixon	Date 5/23/17
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official <i>Anita Dixon</i>	Typed Name and Title Anita Dixon	Date 5/23/17
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U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSRoth Herford Farms of Missouri, Inc
32503 E. State Route 2
Harrisonville, MO 64701**2. HOUSING LOCATION**32800 E. State route 2
Harrisonville, MO 64701**3. HOUSING DESCRIPTION**

Ranch House

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	9'4	10	10	10	9'5				5. CAPACITY (Adults)
Width	13	13	11	10	14				6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water
Square Feet	117.33	130	110	100	126.41				Electricity
No. of Rooms									Site
No. of Beds, Single									Screening
No. of Beds or Bunks, Double									Heating

Yes No

☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐**7. FACILITIES (Number of each)**

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2			2	2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	1

8. COMMENTS

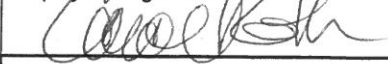
Garbage Service

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date



Carol Roth, corporate secretary

12/30/15

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date



Debra Minish, State Monitor Advocate

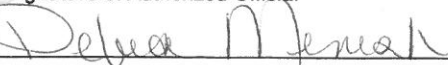
12/30/15

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date



Debra Minish, State Monitor Advocate

12/30/15

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSRoth Hereford Farms of Missouri, Inc.
32503 E. State Route 2
Harrisonville, MO 64701**2. HOUSING LOCATION**32800 E. State Route 2
Harrisonville, MO 64701**3. HOUSING DESCRIPTION**

Ranch House

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	9'4	10	10	10	9'5				5. CAPACITY (Adults) 11
Width	13	13	11	10	14				6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	117.33	130	110	100	126.41				Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1								Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1

8. COMMENTS

Garbage Service

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Kernie Stedden for Carol Roth

Carol Roth

1-7-15

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Joyce Hahn

Joyce Hahn

1-7-15

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Joyce Hahn

Joyce Hahn

1-7-15

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Ragsdale Egg Production LLC
30638 Bahner Quarry Road
Tipton, MO 65081

2. HOUSING LOCATION

510 North Osage
Tipton, MO 65081

3. HOUSING DESCRIPTION

Single Family Home

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	15'1"	15'2"	15'3"	15'3"					5. CAPACITY (Adults) 5
Width	10'7"	10'6"	15'3"	12'10"					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8'5"	8'12"	8'9"	8'					Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	1611	1611	2341	1851					Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	1	1	1					Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	1db	1	1db						Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No


7. FACILITIES (Number of each)

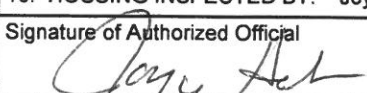
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
2		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1		1	1

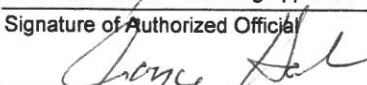
8. COMMENTS

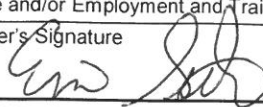
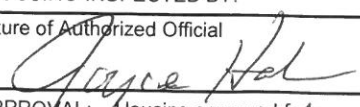
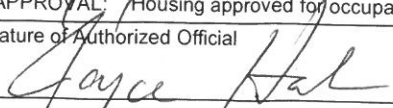
9. EMPLOYER'S CERTIFICATION:


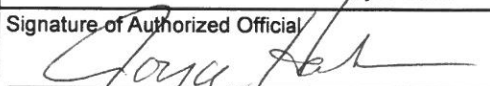
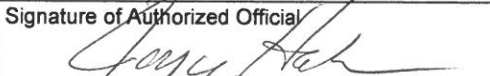
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

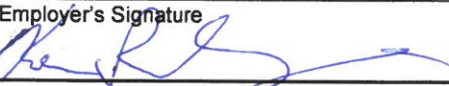
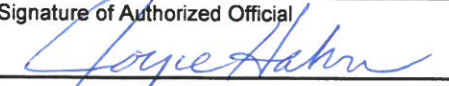

Employer's Signature 	Typed Name and Title Chad Ragsdale	Date 1-5-17
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-5-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-5-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Ridgetop Farms LLC 3140 St. Hwy E Scott City, MO 63780						
2. HOUSING LOCATION 3531 State Hwy E Scott City, MO 63780					3. HOUSING DESCRIPTION House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		11'9"	11'	12'7"						5. CAPACITY (Adults) <u>2</u>	
Width		9'9"	11'11"	13'4"						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8						Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet										Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms		1	1	1						Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single		-	1	0						Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double		-	0	1db						Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals			Lav. or Washbasins			Showerheads			
3								2			
Bathtubs	Movable Bathtubs	Laundry machines			Fixed laundry tubs			Movable laundry tubs			
1		1									
Cook Stoves	Refrigerators	Garbage containers			First-aid Kits			Fire Extinguishers (No. & type)			
1	1	1			1			1			
8. COMMENTS 1 Dryer											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Eric Seiles				8/1/18	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				8-1-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				8-1-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Rx3, LLC 15825 Old Pike Road Dearborn, MO 64439						
2. HOUSING LOCATION 603 Main Street Dearborn, MO 64439					3. HOUSING DESCRIPTION Frame Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		12	13	15'7	15'6					5. CAPACITY (Adults) 8	
Width		9'4	11	14'4	11					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height		8	8	8	8					Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet		112.8	143	217.44	171.6					Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms		1	1	1	1					Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		2	1	2	3					Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
1		n/a		1		1					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
1	n/a	1		n/a		n/a					
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1	1		1		1 abc					
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Kevin Rawlings, Owner				2-23-17	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				2-23-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				2-23-17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Rx3, LLC 15825 Old Pike Road Dearborn, MO 64439						
2. HOUSING LOCATION 603 Main Street Dearborn, MO 64439					3. HOUSING DESCRIPTION Frame Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		12	13	15'7	15'6					5. CAPACITY (Adults) 8	
Width		9'4	11	14'4	11					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height		8	8	8	8					Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet		112.8	143	217.44	171.6					Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms		1	1	1	1					Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single		2	1	2	3					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double				1						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1				n/a		1		1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1		n/a		1		n/a		n/a			
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		1 abc			
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Kevin Rawlings, Owner				Date 3-11-16	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-11-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-11-16	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSRX# LLC
15825 Old Pike Rd
Dearborn, MO 64439**2. HOUSING LOCATION**603 N. Main
Dearborn, MO 64439**3. HOUSING DESCRIPTION**

Frame home

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	12	13	15.7	15.6					5. CAPACITY (Adults) 4
Width	9'4"	11	14'4"	11					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8	8	8	8					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	112.8	143	217.44	171.6					Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	2	1	3	3					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double			1						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1			1	
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	1 abc

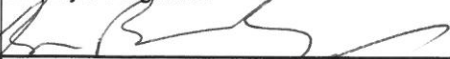
8. COMMENTS**9. EMPLOYER'S CERTIFICATION:**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date



Kevin Rawlings

3-06-15

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

3/5/2015

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

3/5/2015

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635				
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Barrack #1 Sleeping Quarters Only				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	40								5. CAPACITY (Adults) 50 65 ft
Width	70								6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet									Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	5								Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	30 25								Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)									No bathrooms, kitchen or laundry facilities are located in this building. Kitchen facilities are located in buildings 2 and 3. Laundry facilities are located in buildings 6 and 7.
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads			
	----	----							
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs			
--	--								
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
	1	3		1		4 ABC Dry			
8. COMMENTS Inspected using OSHA 1910.142 regulations. Heating is not needed as workers are not working during cold weather. Lounge area in front of barracks with 2 sinks with portable water. Wall lockers for all workers on the premises are located in this building. 4 Smoke Detectors.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Victoria Dennis</i>					Typed Name and Title Victoria Dennis			Date 3-21-18	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 3-21-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 3-21-18	

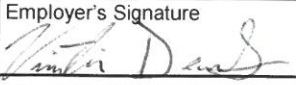
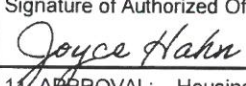
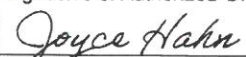
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635				
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Building #2 Kitchen and Shower Facilities 22X55 feet				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length									5. CAPACITY (Adults) Seats 32
Width									6. REGULATIONS COMPLIANCE (“x” proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
5	----	----	5	5					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
--	--								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
6	6	2	2	3 ABC Dry					
8. COMMENTS									
Inspected using OSHA 1910.142 regulations. 4 picnic tables, large area for preparing food 5 kitchen sinks									
9. EMPLOYER'S CERTIFICATION:									
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature				Typed Name and Title				Date	
<i>Victoria Dennis</i>				Victoria Dennis				3-21-18	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official				Typed Name and Title				Date	
<i>Joyce Hahn</i>				Joyce Hahn, Program Coordinator				3-21-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official				Typed Name and Title				Date	
<i>Joyce Hahn</i>				Joyce Hahn, Program Coordinator				3-21-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635																		
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Building #3--Kitchen/Shower Facilities 40X40 feet																		
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY													
		1	2	3	4	1	2	3	4														
Length										5. CAPACITY (Adults) Seats 104													
Width										6. REGULATIONS COMPLIANCE (“X” proper box) Yes No													
Ceiling Height										Water	<input checked="" type="checkbox"/> <input type="checkbox"/>												
Square Feet										Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>												
No. of Rooms										Site	<input checked="" type="checkbox"/> <input type="checkbox"/>												
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>												
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>												
7. FACILITIES (Number of each)																							
Flush Toilets	Privy	Urinals			Lav. or Washbasins			Showerheads															
8	----	----			9			8															
Bathtubs	Movable Bathtubs	Laundry machines			Fixed laundry tubs			Movable laundry tubs															
--	--																						
Cook Stoves	Refrigerators	Garbage containers			First-aid Kits			Fire Extinguishers (No. & type)															
5	6	2			2			3 ABC Dry															
8. COMMENTS Inspected using OSHA 1910.142 regulations 13 picnic tables, large area for preparing food 8 kitchen sinks																							
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																							
Employer's Signature <i>Victoria Dennis</i>						Typed Name and Title <i>Victoria Dennis</i>				Date <i>3-21-18</i>													
10. HOUSING INSPECTED BY: Joyce Hahn <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6">Signature of Authorized Official <i>Joyce Hahn</i></td> <td colspan="4">Typed Name and Title Joyce Hahn, Program Coordinator</td> <td colspan="2">Date <i>3-21-18</i></td> </tr> </table>												Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>3-21-18</i>	
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>3-21-18</i>													
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6">Signature of Authorized Official <i>Joyce Hahn</i></td> <td colspan="4">Typed Name and Title Joyce Hahn, Program Coordinator</td> <td colspan="2">Date <i>3-21-18</i></td> </tr> </table>												Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>3-21-18</i>	
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>3-21-18</i>													

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635				
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Barracks #4 Sleeping Quarters Only				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	40								5. CAPACITY (Adults) 40-44
Width	60								6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	8 1/2								Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	16								Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)					No bathrooms, kitchen or laundry facilities are located in this building.				
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads	kitchen facilities are located in buildings 2 and 3.				
	----	----	2		Laundry facilities are located in buildings 6 and 7.				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
--	--								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)	1 ABC Dry				
			2						
8. COMMENTS Inspected using OSHA 1910.142 regulations. Heating is not needed as workers are not working during cold weather. Wall lockers for all workers on the premises are located in this building.#1. Laundry and kitchen facilities are in close proximity to sleeping quarters (within 100 feet). 3 Fire/Smoke Detectors									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature Victoria Dennis				Typed Name and Title Victoria Dennis				Date 3-21-18	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official Joyce Hahn				Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-21-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official Joyce Hahn				Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-21-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Barracks #5 Sleeping quarters only						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	40									5. CAPACITY (Adults)	36 43 <i>jk</i>
Width	60									6. REGULATIONS COMPLIANCE ("x" proper box)	Yes No
Ceiling Height										Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet										Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	2								Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	<i>12</i>	<i>78</i>								Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	<i>18</i>									Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)										No bathrooms, kitchen or laundry facilities are located in this building. Kitchen facilities are located in buildings 2 and 3. Laundry facilities are located in buildings 6 and 7.	
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
	----	----	2								
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
--	--										
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
			2	1 ABC Dry							
8. COMMENTS Inspected using OSHA 191.142 regulations. Heating is not needed as workers are not working during cold weather. Wall lockers for all workers on the premises are located in this building. Laundry and kitchen facilities are in close proximity to sleeping quarters (within 100 feet). 4 fire/smoke detectors											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Victoria Dennis</i>					Typed Name and Title Victoria Dennis					Date 3-21-18	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator					Date 3-21-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator					Date 3-21-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Laundry Facility #6						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length										5. CAPACITY (Adults)	
Width										6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Yes	No
Square Feet										Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
										Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					

Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
--	--	4									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
8. COMMENTS Inspected using OSHA 1910.142 regulations Heating is not needed as workers are not working during the cold weather.											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title			Date		
						Victoria Dennis			3-21-18		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, Program Coordinator			3-21-18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, Program Coordinator			3-21-18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Laundry Facility #7						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length										5. CAPACITY (Adults)	
Width										6. REGULATIONS COMPLIANCE ("X" proper box)	
Ceiling Height										Water	Yes No
Square Feet										Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
		----		----							
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
--		--		45		1					
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
8. COMMENTS Inspected using OSHA 1910.142 regulations Heating is not needed as workers are not working during the cold weather.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Victoria Dennis</i>					Typed Name and Title Victoria Dennis					Date 3-21-18	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator					Date 3-21-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator					Date 3-21-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION Family Limited--(Proffer Cattle Company) 920 5 th St. Park Hills, MO 63640					3. HOUSING DESCRIPTION Barrack Style Sleeping Area Kitchen/Bath Area						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
Length	39'7	1	2	3	4	1	2	3	4	5. CAPACITY (Adults) 36	
Width	63'8									6. REGULATIONS COMPLIANCE ("X" proper box)	
Ceiling Height	8									Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	2533									Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1									Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	36									Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)										60'7 X 39'7 Recreation and Eating Area	
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
8	----	----		10		8					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
--	--	3									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
4	7	12		1		6					
8. COMMENTS Inspected using OSHA 1910.142 regulations Heating is not needed as workers are not working during cold weather. Lockers available for each worker. 6 picnic tables for eating. 4 smoke/fire detectors.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Victoria Dennis</i>						Typed Name and Title Victoria Dennis			Date 3-21-18		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Program Coordinator			Date 3-21-18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Program Coordinator			Date 3-21-18		

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Royal C Farms, LLC
273 Ashley 289
Crossett, AR 71635

2. HOUSING LOCATION

3319 Hwy 00
Farmington, MO 63640

3. HOUSING DESCRIPTION

Building #3--Kitchen/Shower Facilities
40X40 feet

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length									5. CAPACITY (Adults) Seats 104
Width									6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 8	Privy ----	Urinals ----	Lav. or Washbasins 9	Showerheads 8
Bathtubs --	Movable Bathtubs --	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 5	Refrigerators 6	Garbage containers 2	First-aid Kits 2	Fire Extinguishers (No. & type) 3 ABC Dry

8. COMMENTS

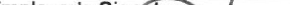
Inspected using OSHA 1910.142 regulations

13 picnic tables, large area for preparing food

8 kitchen sinks

9. EMPLOYER'S CERTIFICATION:


I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Woni Proffer	Date 3-7-17
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10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 3-7-17
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 3-7-17
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U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSRoyal C Farms, LLC
273 Ashley 289
Crossett, AR 71635**2. HOUSING LOCATION**3319 Hwy 00
Farmington, MO 63640**3. HOUSING DESCRIPTION**

Laundry Facility #6

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length									5. CAPACITY (Adults)
Width									6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet									Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)				
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
	----	----		
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
--	--	4		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)

8. COMMENTS

Inspected using OSHA 1910.142 regulations

Heating is not needed as workers are not working during the cold weather.

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date



Wanda Proffitt

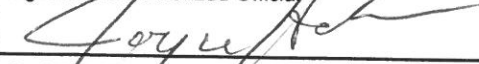
3-7-17

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date



Joyce Hahn, Program Coordinator

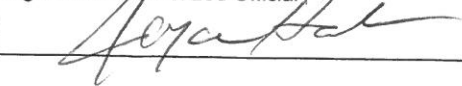
3-7-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date



Joyce Hahn, Program Coordinator

3-7-17

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Royal C Farms, LLC
273 Ashley 289
Crossett, AR 71635

2. HOUSING LOCATION

3319 Hwy 00
Farmington, MO 63640

3. HOUSING DESCRIPTION

Building #2 Kitchen and Shower Facilities
22X55 feet

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length								
Width								
Ceiling Height								
Square Feet								
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double								

5. CAPACITY
(Adults) **Seats 32**

6. REGULATIONS COMPLIANCE
("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

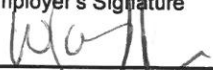
Flush Toilets 5	Privy ----	Urinals ----	Lav. or Washbasins 5	Showerheads 5
Bathtubs --	Movable Bathtubs --	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 6	Refrigerators 6	Garbage containers 2	First-aid Kits 2	Fire Extinguishers (No. & type) 3 ABC Dry

8. COMMENTS

Inspected using OSHA 1910.142 regulations.
4 picnic tables, large area for preparing food
5 kitchen sinks

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

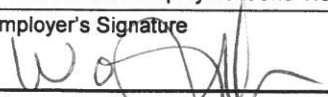
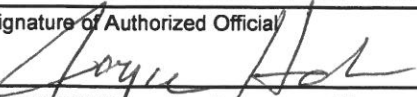
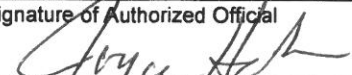
Employer's Signature 	Typed Name and Title WONITA PROFFER	Date 3-7-17
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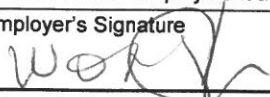
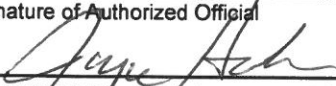
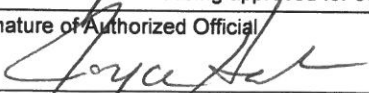
10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 3-7-17
---	---	----------------

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 3-7-17
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Barrack #1 Sleeping Quarters Only						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		40								5. CAPACITY (Adults) 50	
Width		70								6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet										Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single										Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double		25								Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)										No bathrooms, kitchen or laundry facilities are located in this building. Kitchen facilities are located in buildings 2 and 3. Laundry facilities are located in buildings 6 and 7.	
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
	----	----									
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
--	--										
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
	1	3		1		4 ABC Dry					
8. COMMENTS Inspected using OSHA 1910.142 regulations. Heating is not needed as workers are not working during cold weather. Lounge area in front of barracks with 2 sinks with portable water. Wall lockers for all workers on the premises are located in this building. 4 Smoke Detectors.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Wanda Proffor			Date 3-7-17		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator			Date 3-7-17		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator			Date 3-7-17		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Laundry Facility #7						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length										5. CAPACITY <i>(Adults)</i>	
Width										6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height										Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet										Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
		----		----							
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
--		--		4		1					
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>			
8. COMMENTS											
Inspected using OSHA 1910.142 regulations Heating is not needed as workers are not working during the cold weather.											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						W O Hahn Proffor				3-7-17	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				3-7-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				3-7-17	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSRoyal C Farms, LLC
273 Ashley 289
Crossett, AR 71635**2. HOUSING LOCATION**3319 Hwy 00
Farmington, MO 63640**3. HOUSING DESCRIPTION**

Barracks #4

Sleeping Quarters Only

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	40								5. CAPACITY (Adults) 40
Width	60								6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	6								Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	16								Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins 2	Showerheads	No bathrooms, kitchen or laundry facilities are located in this building. kitchen facilities are located in buildings 2 and 3. Laundry facilities are located in buildings 6 and 7.
Bathtubs --	Movable Bathtubs --	Laundry machines	Fixed laundry tubs	Movable laundry tubs	
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits 2	Fire Extinguishers (No. & type) 1 ABC Dry	


8. COMMENTS

Inspected using OSHA 1910.142 regulations.

Heating is not needed as workers are not working during cold weather.

Wall lockers for all workers on the premises are located in this building.#1.

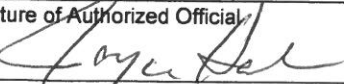
Laundry and kitchen facilities are in close proximity to sleeping quarters (within 100 feet).
3 Fire/Smoke Detectors**9. EMPLOYER'S CERTIFICATION:**I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title W O Hahn Pro Hse	Date 3-7-17
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10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 3-7-17
---	---	----------------

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 3-7-17
---	---	----------------

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSRoyal C Farms, LLC
273 Ashley 289
Crossett, AR 71635**2. HOUSING LOCATION**3319 Hwy 00
Farmington, MO 63640**3. HOUSING DESCRIPTION**

Barracks #5

Sleeping quarters only

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	40								5. CAPACITY (Adults) 36
Width	60								6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet									Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	2							Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	14	8							Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	7								Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
	----	----	2	
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
--	--			
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
			2	1 ABC Dry

No bathrooms, kitchen or laundry facilities are located in this building.

Kitchen facilities are located in buildings 2 and 3.

Laundry facilities are located in buildings 6 and 7.

8. COMMENTS

Inspected using OSHA 191.142 regulations.

Heating is not needed as workers are not working during cold weather.

Wall lockers for all workers on the premises are located in this building.

Laundry and kitchen facilities are in close proximity to sleeping quarters (within 100 feet).
4 fire/smoke detectors**9. EMPLOYER'S CERTIFICATION:**I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title


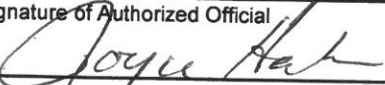
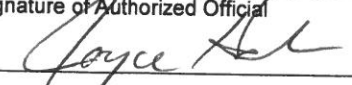
Date


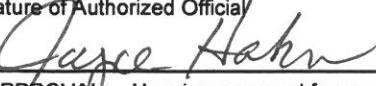

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

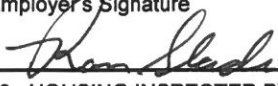
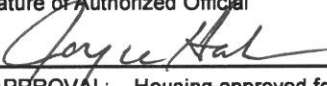

Signature of Authorized Official

Typed Name and Title


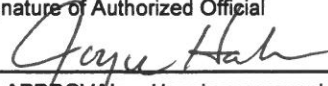
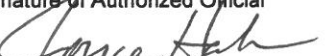
Date

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION Family Limited--(Proffer Cattle Company) 920 5th St. Park Hills, MO 63640					3. HOUSING DESCRIPTION Barrack Style Sleeping Area Kitchen/Bath Area						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	39'7"									5. CAPACITY (Adults) 36	
Width	63'8"									6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	8									Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet	2533									Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms	1									Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single	36									Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double										Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)										60'7 X 39'7 Recreation and Eating Area	
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
8	----	----		10		8					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
--	--	3									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
4	7	12		1		6					
8. COMMENTS											
Inspected using OSHA 1910.142 regulations Heating is not needed as workers are not working during cold weather. Lockers available for each worker. 6 picnic tables for eating. 4 smoke/fire detectors.											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title			Date		
						W. Proffer			3-7-17		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, Program Coordinator			3-7-17		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, Program Coordinator			3-7-17		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Barrack #1 Sleeping Quarters Only						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	40									5. CAPACITY (Adults) 50	
Width	70									6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet										Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single										Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double	25									Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)										No bathrooms, kitchen or laundry facilities are located in this building. Kitchen facilities are located in buildings 2 and 3. Laundry facilities are located in buildings 6 and 7.	
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
	----	----									
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
--	--										
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
	1	3		1		4 ABC Dry					
8. COMMENTS Inspected using OSHA 1910.142 regulations. Heating is not needed as workers are not working during cold weather. Lounge area in front of barracks with 2 sinks with portable water. Wall lockers for all workers on the premises are located in this building. 4 smoke detectors											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Ron Stadel Supervisor			Date 4-1-16		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator			Date 4-1-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator			Date 4-1-16		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635				
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Barracks #4 Sleeping Quarters Only				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	40								5. CAPACITY (Adults) 40
Width	60								6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	6								Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	16								Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									No bathrooms, kitchen or laundry facilities are located in this building. kitchen facilities are located in buildings 2 and 3. Laundry facilities are located in buildings 6 and 7.
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
	----	----	2						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
--	--								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
			2	1 ABC Dry					
8. COMMENTS Inspected using OSHA 1910.142 regulations. Heating is not needed as workers are not working during cold weather. Wall lockers for all workers on the premises are located in this building.#1. Laundry and kitchen facilities are in close proximity to sleeping quarters (within 100 feet). 3 Fire/Smoke Detectors									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature					Typed Name and Title			Date	
					Ron Slade Supervisor			4-1-16	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			4-1-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			4-1-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Barracks #5 Sleeping quarters only						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4			
Length	40								5. CAPACITY <i>(Adults)</i> 36		
Width	60								6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>		
Ceiling Height									Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Feet									Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Rooms	1	2							Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds, Single	14	8							Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds or Bunks, Double	7								Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. FACILITIES (Number of each)									No bathrooms, kitchen or laundry facilities are located in this building.		
Flush Toilets	Privy ----		Urinals ----		Lav. or Washbasins 2		Showerheads		Kitchen facilities are located in buildings 2 and 3.		
Bathtubs --	Movable Bathtubs --		Laundry machines		Fixed laundry tubs		Movable laundry tubs		Laundry facilities are located in buildings 6 and 7.		
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits 2		Fire Extinguishers <i>(No. & type)</i> 1 ABC Dry				
8. COMMENTS Inspected using OSHA 191.142 regulations. Heating is not needed as workers are not working during cold weather. Wall lockers for all workers on the premises are located in this building. Laundry and kitchen facilities are in close proximity to sleeping quarters (within 100 feet). 4 fire/smoke detectors											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Ron Slade</i>					Typed Name and Title Ron Slade Supervisor				Date 4-1-16		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator				Date 4-1-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator				Date 4-1-16		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Building #2 Kitchen and Shower Facilities 22X55 feet						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length										5. CAPACITY (Adults) Seats 32	
Width										6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet										Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single										Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double										Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
5	----	----		5		5					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
--	--										
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
6	6	2		2		3 ABC Dry					
8. COMMENTS Inspected using OSHA 1910.142 regulations. 4 picnic tables, large area for preparing food 5 kitchen sinks											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Ron Slade Supervisor				4-1-16	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				4-1-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				4-1-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Building #3--Kitchen/Shower Facilities 40X40 feet						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length										5. CAPACITY (Adults) Seats 104	
Width										6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height										Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet										Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
8	----	----		9		8					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
--	--										
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
5	6	2		2		3 ABC Dry					
8. COMMENTS											
Inspected using OSHA 1910.142 regulations 13 picnic tables, large area for preparing food 8 kitchen sinks											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Ron Shadr Supervisor				4-1-16	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				4-1-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				4-1-16	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSRoyal C Farms, LLC
273 Ashley 289
Crossett, AR 71635**2. HOUSING LOCATION**3319 Hwy 00
Farmington, MO 63640**3. HOUSING DESCRIPTION**

Laundry Facility #6

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

Length

Width

Ceiling Height

Square Feet

No. of Rooms

No. of Beds,
SingleNo. of Beds or
Bunks, Double**5. CAPACITY**
(Adults)**6. REGULATIONS COMPLIANCE**
("x" proper box)

Yes No

Water

Electricity

Site

Screening

Heating

7. FACILITIES (Number of each)

Flush Toilets

Privy

Urinals

Lav. or Washbasins

Showerheads

Bathtubs

Movable Bathtubs

Laundry machines

Fixed laundry tubs

Movable laundry
tubs

Cook Stoves

Refrigerators

Garbage containers

First-aid Kits

Fire Extinguishers
(No. & type)**8. COMMENTS**

Inspected using OSHA 1910.142 regulations

Heating is not needed as workers are not working during the cold weather.

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSRoyal C Farms, LLC
273 Ashley 289
Crossett, AR 71635**2. HOUSING LOCATION**3319 Hwy 00
Farmington, MO 63640**3. HOUSING DESCRIPTION**

Laundry Facility #7

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

Length

Width

Ceiling Height

Square Feet

No. of Rooms

No. of Beds,
SingleNo. of Beds or
Bunks, Double**5. CAPACITY**
(Adults)**6. REGULATIONS COMPLIANCE**
("x" proper box)

Yes No

Water

☒ ☐

Electricity

☒ ☐

Site

☒ ☐

Screening

☒ ☐

Heating

☒ ☐**7. FACILITIES (Number of each)**

Flush Toilets

Privy

Urinals

Lav. or Washbasins

Showerheads

Bathtubs

Movable Bathtubs

Laundry machines

Fixed laundry tubs

Movable laundry
tubs

Cook Stoves

Refrigerators

Garbage containers

First-aid Kits

Fire Extinguishers
(No. & type)**8. COMMENTS**

Inspected using OSHA 1910.142 regulations

Heating is not needed as workers are not working during the cold weather.

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date



Ron Slade Supervisor

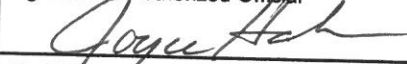
4-1-16

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date



Joyce Hahn, Program Coordinator

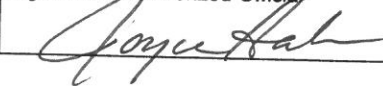
4-1-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

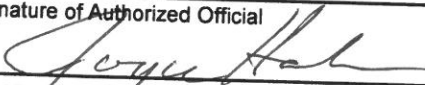
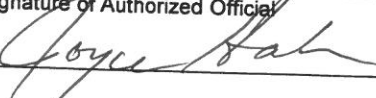
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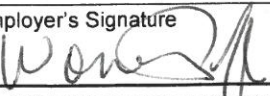
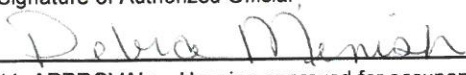
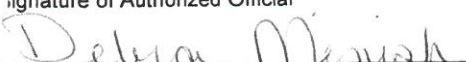
Date



Joyce Hahn, Program Coordinator

4-1-16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635				
2. HOUSING LOCATION Family Limited--(Proffer Cattle Company) 920 5 th St. Park Hills, MO 63640					3. HOUSING DESCRIPTION Barrack Style Sleeping Area Kitchen/Bath Area				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	39'7								5. CAPACITY (Adults) 36
Width	63'8								6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8								Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	2533								Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1								Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	36								Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)									60'7 X 39'7 Recreation and Eating Area
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
8	----	----	10	8					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
--	--	3							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
4	7	12	1	6					
8. COMMENTS Inspected using OSHA 1910.142 regulations Heating is not needed as workers are ot working during cold weather. Lockers available for each worker. 6 picnic tables for eating. 4 smoke/fire detectors.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature					Typed Name and Title			Date	
								4-1-16	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			4-1-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			4-1-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635				
2. HOUSING LOCATION 3319 Highway OO Farmington, MO 63640					3. HOUSING DESCRIPTION Barrack Style Housing #1 Sleeping Quarters Only				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	40								5. CAPACITY (Adults) 50
Width	70								6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	1	1						Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	9	11	5						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									No bathrooms, kitchen or laundry facilities are located in this building Kitchen facilities are located in buildings 2 and 3 Laundry facilities are located in buildings 6 and 7.
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
	1	3	1	4 ABC Dry					
8. COMMENTS Inspected using OSHA 1910.142 regulations. 4. Smoke detectors Heating is not needed as workers are not working during cold weather Lounge area in front of barracks with 2 sinks with potable water. Wall lockers for all workers on the premises are located in this building.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title Wanda Proffor <i>Manager</i>			Date 4/6/2015	
10. HOUSING INSPECTED BY:									
Signature of Authorized Official 					Typed Name and Title Debra Minish, State Monitor Advocate			Date 4/6/2015	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Debra Minish, State Monitor Advocate			Date 4/6/2015	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSRoyal C Farms, LLC #1
273 Ashley 289
Crossett, AR 71635**2. HOUSING LOCATION**3319 Highway OO
Farmington, MO 63640**3. HOUSING DESCRIPTION**Building # 2 - Kitchen and Shower Facilities
28 x 55 Feet**4. SLEEP ROOMS**
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length									5. CAPACITY (Adults)
Width									6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet									Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets 5	Privy	Urinals	Lav. or Washbasins 5	Showerheads 5
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 6	Refrigerators 5	Garbage containers 2	First-aid Kits 1	Fire Extinguishers (No. & type) 3 ABC Dry

8. COMMENTS

Inspected using OSHA 1910.142 regulations.

4 picnic tables, large area for preparing food

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

W. C. Parks

W. C. Parks, President

4/6/2015

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

4/6/2015

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

4/6/2015

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSRoyal C Farms, LLC #1
273 Ashley 289
Crossett, AR 71635**2. HOUSING LOCATION**3319 Highway OO
Farmington, MO 63640**3. HOUSING DESCRIPTION**Building # 3 - Kitchen and Shower Facilities
40 x 40 Feet**4. SLEEP ROOMS**
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length									5. CAPACITY (Adults)
Width									6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet									Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
8			8 9	8
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
5	5 6	2	2	3 2 ABC Dry

8. COMMENTS

Inspected using OSHA 1910.142 regulations.

13 picnic tables, large area for preparing food

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Wonia Proffer

Wonia Proffer

4/6/2015

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

4/6/2015

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

4/6/2015

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSRoyal C Farms, LLC #1
273 Ashley 289
Crossett, AR 71635**2. HOUSING LOCATION**3319 Highway OO
Farmington, MO 63640**3. HOUSING DESCRIPTION**Barrack Style Housing #4
Sleeping Quarters Only**4. SLEEP ROOMS**
(No. & Measure)**a. Dormitory Type**

1 2 3 4

b. Family Type

1 2 3 4

ES USE ONLY

Length

40

Width

60

Ceiling Height

Square Feet

No. of Rooms

No. of Beds,
Single

6

No. of Beds or
Bunks, Double

16

5. CAPACITY
(Adults) 38**6. REGULATIONS COMPLIANCE**
("x" proper box)

Yes No

Water

☒ ☐

Electricity

☒ ☐

Site

☒ ☐

Screening

☒ ☐

Heating

☒ ☐**7. FACILITIES (Number of each)**

Flush Toilets

Privy

Urinals

Lav. or Washbasins

Showerheads

Bathtubs

Movable Bathtubs

Laundry machines

Fixed laundry tubs

Movable laundry
tubs

Cook Stoves

Refrigerators

Garbage containers

First-aid Kits

Fire Extinguishers
(No. & type)

1 ABC Dry

No bathrooms, kitchen or laundry facilities are
located in this buildingKitchen facilities are located in buildings 2 and
3Laundry facilities are located in buildings 6 and
7.**8. COMMENTS**

Inspected using OSHA 1910.142 regulations.

Heating is not needed as workers are not working during cold weather

Laundry and Kitchen facilities are close proximity to sleeping quarters (within 100 feet).

Wall lockers for all workers on the premises are located in building 1.

3 fire detectors
Smoke**9. EMPLOYER'S CERTIFICATION:**I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Royal C Farms, LLC #1
273 Ashley 289
Crossett, AR 71635

2. HOUSING LOCATION

3319 Highway OO
Farmington, MO 63640

3. HOUSING DESCRIPTION

Barrack Style Housing #5
Sleeping Quarters Only

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	40								5. CAPACITY (Adults) 36
Width	60								6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet									Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	2							Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	14	8							Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	7								Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads	No bathrooms, kitchen or laundry facilities are located in this building Kitchen facilities are located in buildings 2 and 3 Laundry facilities are located in buildings 6 and 7.
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs	
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 1 ABC Dry	

8. COMMENTS

Inspected using OSHA 1910.142 regulations.

4 smoke detectors

Heating is not needed as workers are not working during cold weather

Laundry and Kitchen facilities are close proximity to sleeping quarters (within 100 feet).

Wall lockers for all workers on the premises are located in building 1.

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Wanda Proffer

Wanda Proffer

4/6/2015

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

4/6/2015

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

4/6/2015

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSRoyal C Farms, LLC #1
273 Ashley 289
Crossett, AR 71635**2. HOUSING LOCATION**3319 Highway OO
Farmington, MO 63640**3. HOUSING DESCRIPTION**

Building # 6 - Laundry facility

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type**

1 2 3 4

b. Family Type

1 2 3 4

ES USE ONLY

Length

Width

Ceiling Height

Square Feet

No. of Rooms

No. of Beds,
SingleNo. of Beds or
Bunks, Double**5. CAPACITY**
(Adults)**6. REGULATIONS COMPLIANCE**
("x" proper box)

Yes No

Water

☒ ☐

Electricity

☒ ☐

Site

☒ ☐

Screening

☒ ☐

Heating

☒ ☐**7. FACILITIES (Number of each)**

Flush Toilets

Privy

Urinals

Lav. or Washbasins

Showerheads

Bathtubs

Movable Bathtubs

Laundry machines

Fixed laundry tubs

Movable laundry
tubs

4

1

Cook Stoves

Refrigerators

Garbage containers

First-aid Kits

Fire Extinguishers
(No. & type)**8. COMMENTS**

Inspected using OSHA 1910.142 regulations.

Heating is not needed as workers are not working during cold weather

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

W. O. H. P. R. O. F. T. A. M. A. N. A. G. E. R.

W. O. H. P. R. O. F. T. A. M. A. N. A. G. E. R.

4/6/2015

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

4/6/2015

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

4/6/2015

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSRoyal C Farms, LLC #1
273 Ashley 289
Crossett, AR 71635**2. HOUSING LOCATION**3319 Highway OO
Farmington, MO 63640**3. HOUSING DESCRIPTION**

Building # 7 - Laundry facility

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

Length

Width

Ceiling Height

Square Feet

No. of Rooms

No. of Beds,
SingleNo. of Beds or
Bunks, Double**5. CAPACITY**
(Adults)**6. REGULATIONS COMPLIANCE**
("x" proper box)

Yes No

Water

☒ ☐

Electricity

☒ ☐

Site

☒ ☐

Screening

☒ ☐

Heating

☒ ☐**7. FACILITIES (Number of each)**

Flush Toilets

Privy

Urinals

Lav. or Washbasins

Showerheads

Bathtubs

Movable Bathtubs

Laundry machines

Fixed laundry tubs

Movable laundry
tubs

Cook Stoves

Refrigerators

Garbage containers

First-aid Kits

Fire Extinguishers
(No. & type)**8. COMMENTS**

Inspected using OSHA 1910.142 regulations.

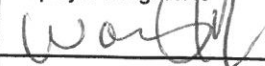
Heating is not needed as workers are not working during cold weather

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date



Wanda Proffer

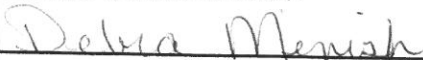
4/6/2015

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date



Debra Minish, State Monitor Advocate

4/6/2015

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date



Debra Minish, State Monitor Advocate

4/6/2015

(See Instructions on Reverse)

Royal C Farms, LLC #1
273 Ashley 289
Crossett, AR 71635

920 5th St.
Park Hills, MO 63640

Barrack Style Sleeping Area
Kitchen/Bath Area

ES USE ONLY

39.7

63.8

8

2533

1

31

60.7 x 39.7
Rec & eating area

10

8

Movable laundry tubs

4

4

tubs

Fire Extinguishers
(No. & type)

4

47

12

1

6

Inspected using OSHA 1910.142 regulations.

Heating is not needed as workers are not working during cold weather

Lockers available for each worker

6 picnic tables for eating

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Date _____

Wohnin Praffner

4/6/2015

Date

Debra Minish, State Monitor Advocate

4/6/2015

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Date

Debra Minish, State Monitor Advocate

4/6/2015

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Signet Builders, Inc.
535 NW 1250
Chilhowee, MO 64733

2. HOUSING LOCATION

513 Chapin Drive Unit A
Clinton, MO 64733

3. HOUSING DESCRIPTION

Apartment

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	9'11"	10'	11'5"					
Width	10'11"	9'4"	9'11"					
Ceiling Height	8	8	8					
Square Feet	92.10	91.11	102.76					
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double	1 B/L	1 B/L	1 B/L					

5. CAPACITY (Adults)	6
6. REGULATIONS COMPLIANCE ("x" proper box)	Yes No
Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1		1	1 ABC

8. COMMENTS

1 Dishwasher

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>E. Romo</i>	Typed Name and Title	Date 4-4-16
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10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 4-4-16
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 4-4-16
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U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Signet Builders, Inc.
535 NW 1250
Chilhowee, MO 64733

2. HOUSING LOCATION

513 Chapin Drive Unit B
Clinton, MO 64733

3. HOUSING DESCRIPTION

Apartment

4. SLEEP ROOMS (No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	9'11"	11'5"	10'					
Width	10'11"	12'7"	9'11"					
Ceiling Height	8	8	8					
Square Feet	92.10	146.05	91.10					
No. of Rooms								
No. of Beds, Single		1						
No. of Beds or Bunks, Double	1 B/L	1 D/L	1 D/L					

5. CAPACITY
(Adults) 7

6. REGULATIONS COMPLIANCE
("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 1 ABC

8. COMMENTS

1 Dishwasher

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>[Signature]</i>	Typed Name and Title	Date 4-4-16
--	----------------------	----------------

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official <i>[Signature]</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 4-4-16
--	---	----------------

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official <i>[Signature]</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 4-4-16
--	---	----------------

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Signet Builders, Inc. 535 NW 1250 Chilhowee, MO 64733						
2. HOUSING LOCATION 111 S. 4th Street Apt. 3A Clinton, MO 64735					3. HOUSING DESCRIPTION Apartment						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		10'6"	12'6"							5. CAPACITY (Adults) 5	
Width		12	13'2"							6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8							Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet		1272	146.32							Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single			1							Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double		1 BK	1 BK							Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1								1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		1 ABC			
8. COMMENTS <div style="font-size: 2em; margin-top: 20px;">Dishwasher</div> <div style="font-size: 2em; margin-top: 20px;">Dryer</div>											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
										4-4-16	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				4-4-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				4-4-16	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Signet Builders, Inc.
535 NW 1250
Chilhowee, MO 64733

2. HOUSING LOCATION

111 S. 4th Street Apt. 1B
Clinton, MO 64735

3. HOUSING DESCRIPTION

Apartment

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	11'9"	13'							5. CAPACITY (Adults) 5
Width	10'2"	12'2"							6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8	8							Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	121.38	158.6							Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single		1							Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	1 BK	1 BK							Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1				1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	1 ABC

8. COMMENTS

Dishwasher
Dryer

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

[Signature]

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

[Signature]

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

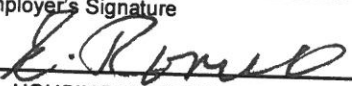
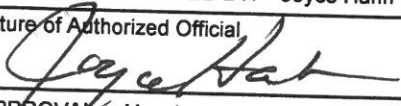
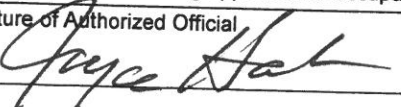
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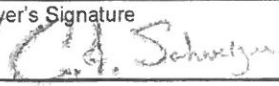
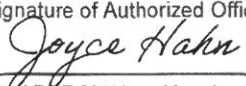
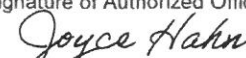
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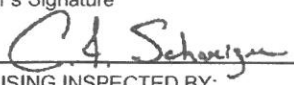
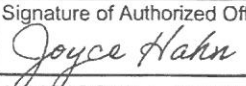
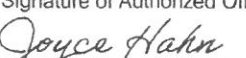
[Signature]

Joyce Hahn, Program Coordinator

4-4-16


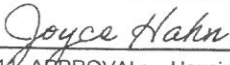
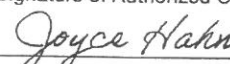
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Signet Builders, Inc. 535 NW 1250 Chilhowee, MO 64733				
2. HOUSING LOCATION 111 S. 4 th Street Apt. 1C Clinton, MO 64735					3. HOUSING DESCRIPTION Apartment				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	11'5"	13'2"							5. CAPACITY (Adults) 5
Width	14'1"	10'7"							6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8	8							Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	162.5	141.24							Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	1								Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	1 BK	1 BK							Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads				
1					1				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs				
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)				
1	1	1	1		1 ABC				
8. COMMENTS Dryer Dishwasher									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title			Date	
								4-4-16	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			4-4-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			4-4-16	

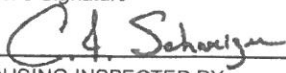
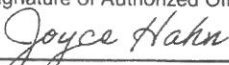
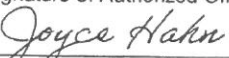
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Schweizer Orchards 7419 CO RD 432 Savannah, MO 64485						
2. HOUSING LOCATION 7419 CO RD 432 Savannah, MO 64485					3. HOUSING DESCRIPTION Trailer #1						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	25.8									5. CAPACITY (Adults)	5
Width	11.2									6. REGULATIONS COMPLIANCE (*x" proper box)	
Ceiling Height	8									Water	Yes No
Square Feet	288.96									Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1									Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	5									Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers 1		First-aid Kits 1		Fire Extinguishers (No. & type) 1 abc					
8. COMMENTS											
Large dumpster on site. Washer and dryer on site. Clothes line on site.											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Cory Schweizer				Date 5/9/18	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 5/9/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator				Date 5/9/18	

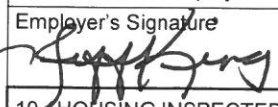
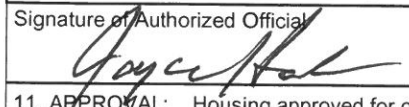
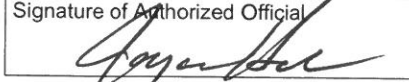
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Schweizer Orchards 7419 CO RD 432 Savannah, MO 64485						
2. HOUSING LOCATION 7419 CO RD 432 Savannah, MO 64485					3. HOUSING DESCRIPTION Trailer #22						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	25.8									5. CAPACITY (Adults) 5	
Width	11.2									6. REGULATIONS COMPLIANCE ("x" proper box)	Yes No
Ceiling Height	8									Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	288.96									Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1									Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	5									Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers 1		First-aid Kits 1		Fire Extinguishers (No. & type) 1 abc					
8. COMMENTS Large dumpster on site. Washer and dryer on site. Clothes line on site.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Cory Schweizer, CEO					Date 5/9/18	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date 5/9/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date 5/9/18	


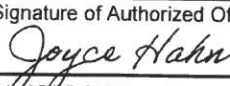
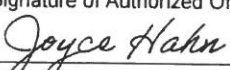
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Schweizer Orchards 7419 CO RD 432 Savannah, MO 64485						
2. HOUSING LOCATION 7419 CO RD 432 Savannah, MO 64485					3. HOUSING DESCRIPTION Trailer #3						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	25.6									5. CAPACITY (Adults)	5
Width	11.2									6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	8									Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	286.72									Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1									Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	5									Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers 1		First-aid Kits 1		Fire Extinguishers (No. & type) 1 abc					
8. COMMENTS											
Large dumpster on site. Washer and dryer on site. Clothes line on site.											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>C.4. Schweizer</i>						Typed Name and Title Cory Schweizer, CEO				Date 5/9/18	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Program Coordinator				Date 5/9/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>						Typed Name and Title Joyce Hahn, Program Coordinator				Date 5/9/18	

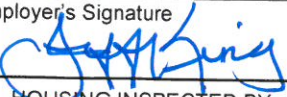
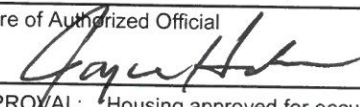
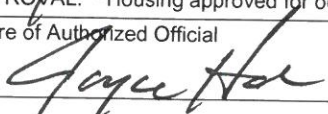
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Schweizer Orchards 7419 CO RD 432 Savannah, MO 64485					
2. HOUSING LOCATION 7419 CO RD 432 Savannah, MO 64485					3. HOUSING DESCRIPTION Trailer #4					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	25.6								5. CAPACITY (Adults) 5	
Width	11.2								6. REGULATIONS COMPLIANCE ("x" proper box)	Yes No
Ceiling Height	8								Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	286.72								Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1								Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	5								Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc						
8. COMMENTS Large dumpster on site. Washer and dryer on site. Clothes line on site.										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature <i>C.4. Schweizer</i>					Typed Name and Title Cory Schweizer, CEO			Date 5/9/18		
10. HOUSING INSPECTED BY:										
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 5/9/18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 5/9/18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Schweizer Orchards 7419 CO RD 432 Savannah, MO 64485						
2. HOUSING LOCATION 7419 CO RD 432 Savannah, MO 64485					3. HOUSING DESCRIPTION Cafeteria						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length										5. CAPACITY (Adults)	
Width										6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	
Square Feet										Electricity	
No. of Rooms										Site	
No. of Beds, Single										Screening	
No. of Beds or Bunks, Double										Heating	
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
Cook Stoves 2		Refrigerators 1		Garbage containers 2		First-aid Kits 1		Fire Extinguishers (No. & type) 1 abc			
8. COMMENTS Large dumpster on site. Picnic tables on site. 4 tables & chairs 2 sinks 2 stoves 3 door cooler freezer Smoke alarm											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Cory Schweizer CEO					Date 5/9/18	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date 5/9/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date 5/9/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Schweizer Orchards 7419 CO RD 432 Savannah, MO 64485						
2. HOUSING LOCATION 7419 CO RD 432 Savannah, MO 64485					3. HOUSING DESCRIPTION Shower/Lavatory						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length										5. CAPACITY (Adults)	
Width										6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet										Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets 6		Privy		Urinals 2		Lav. or Washbasins 2		Showerheads 6			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type) 2 abc			
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Cory Schweizer, CEO					Date 5/9/18	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date 5/9/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date 5/9/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Schwope Brothers Tree Farms, LLC 5609 N. Blue Valley Rd Independence, MO 64058						
2. HOUSING LOCATION 36305 E. Bone Hill Rd. Sibley, MO 64088					3. HOUSING DESCRIPTION Single Family Frame House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length						13'6"	15'2"			5. CAPACITY (Adults) 10	
Width						12'9"	12'1"			6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height						9	9			Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet						172	183			Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms										Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single										Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double						2	3			Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1						1		1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		2		2			
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Jeff King General Mgr				Date	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Workforce Specialist IV				Date 12-18-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Workforce Specialist IV				Date 12-18-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Schwope Brothers Tree Farms, LLC 5609 N. Blue Valley Rd. Independence, MO 64058				
2. HOUSING LOCATION 22309 Blue Mills Rd. Independence, MO 64058					3. HOUSING DESCRIPTION Single family house				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	12'1	12'1	9'11						5. CAPACITY (Adults) 10
Width	16'8	9'5	9'10						6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	203	114	8						Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	1	1						Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	2	2	1						Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)									
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads		
1							1		
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs		
1									
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)		
1	1		1		2		2 ABC		
8. COMMENTS NO laundry facilities. Transportation will be provided for laundry + groceries.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title Jeff King General Mgr			Date 12-18-18	
10. HOUSING INSPECTED BY:									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 12-18-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 12-18-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Schwope Brothers Tree Farms, LLC 5609 N. Blue Valley Rd Independence, MO 64058						
2. HOUSING LOCATION 21704 E. Old Atherton Independence, MO 64058					3. HOUSING DESCRIPTION Single Family House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4			
Length	23'5	25	10'6	13'6	23'6					5. CAPACITY (Adults)	26-28
Width	29	23'4	12'6	12'7	12'11					6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	10	10	8	8	8					Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	679	583	134	173	285					Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	4	5	2	2	2					Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads				
4					3		5				
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs				
1											
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)				
5	5		3		6		6				
8. COMMENTS Laundry facilities in Buckner-5 miles 3 microwaves											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Jeff King General Mgr					Date 12-18-18	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date 12-18-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date 12-18-18	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE
EMPLOYER FURNISHED HOUSING AND FACILITIES
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Schwope Brothers Tree Farms, LLC
5609 N. Blue Valley Rd
Independence, MO 64058

2. HOUSING LOCATION

21704 E. Old Atherton
Independence, MO 64058

3. HOUSING DESCRIPTION

Single Family House

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	23'5	25	10'6	13'6					5. CAPACITY (Adults) 26
Width	29	23'4	12'6	12'7					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	10	10	8	8					Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	679	583	134	173					Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	4	5	2	2					Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)


Flush Toilets 4	Privy	Urinals	Lav. or Washbasins 3	Showerheads 5
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 5	Refrigerators 5	Garbage containers 3	First-aid Kits 6	Fire Extinguishers (No. & type) 6

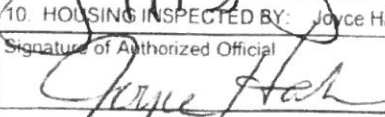
8. COMMENTS

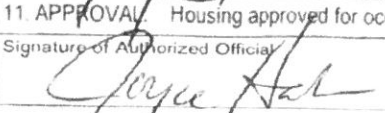
Laundry facilities in Buckner-5 miles
3 microwaves

9. EMPLOYER'S CERTIFICATION

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Jeff King General Manager	Date 12-15-17
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10. HOUSING INSPECTED BY: Joyce Hahn Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 12-15-17
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11. APPROVAL Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 12-15-17
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U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE
EMPLOYER FURNISHED HOUSING AND FACILITIES
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Schwabe Brothers Tree Farms, LLC
5609 N. Blue Valley Rd
Independence, MO 64058

2. HOUSING LOCATION

36305 E. Bone Hill Rd.
Sibley, MO 64088

3. HOUSING DESCRIPTION

Single Family Frame House

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length					13'6"	15'2"			5. CAPACITY (Adults) 10
Width					12'9"	12'1"			6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height					9	9			Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet					172	183			Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double					2	3			Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 2	Fire Extinguishers (No. & type) 2

8. COMMENTS

9. EMPLOYER'S CERTIFICATION

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

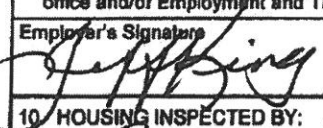
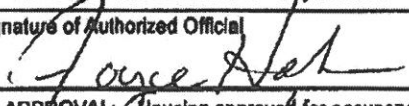
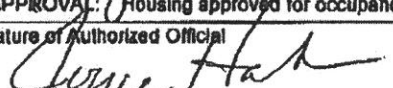
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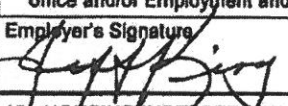

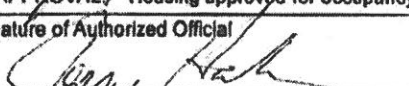
11. APPROVAL Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Schwope Brothers Tree Farms, LLC 5609 N. Blue Valley Rd Independence, MO 64058						
2. HOUSING LOCATION 21704 E. Old Atherton Independence, MO 64058					3. HOUSING DESCRIPTION Single Family House						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		23'5"	25	10'6"	13'6"					5. CAPACITY <i>(Adults)</i> 26	
Width		29	23'4"	12'6"	12'7"					6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height		10	10	8	8					Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		679	583	134	173					Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double		4	5	2	2					Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
4				3		5					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
1											
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>					
5	5	3		6		6					
8. COMMENTS Laundry facilities in Buckner-5 miles 3 microwaves											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Jeff King - General Manager			Date 12-21-16		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator			Date 12-21-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator			Date 12-21-16		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Schwoppe Brothers Tree Farms, LLC 5609 N. Blue Valley Rd Independence, MO 64058						
2. HOUSING LOCATION 36305 E. Bone Hill Rd. Sibley, MO 64088					3. HOUSING DESCRIPTION Single Family Frame House						
4. SLEEP ROOMS (No. & Measures)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length						13'6"	15'2"			5. CAPACITY (Adults) 10	
Width						12'9"	12'1"			6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height						9	9			Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet						172	183			Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms										Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single										Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double						2	3			Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1						1		1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		2		2			
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Jeff King - General Manager				12-21-16	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Workforce Specialist IV				12-21-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Workforce Specialist IV				12-21-16	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Schwoppe Brothers Tree Farms, LLC
5609 N. Blue Valley Road
Independence, MO 64058

2. HOUSING LOCATION

21704 E. Old Atherton
Independence, MO 64058

3. HOUSING DESCRIPTION

Single Family Frame House

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	23'5"	25'	10'6"	13'6"				
Width	29'	23'4"	12'6"	12'7"				
Ceiling Height	10	10	8	8				
Square Feet	679	583	134	173				
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double	4	5	2	2				

5. CAPACITY
(Adults)

26

6. REGULATIONS COMPLIANCE
("x" proper box)

Yes No

Water ☒ ☐

Electricity ☒ ☐

Site ☒ ☐

Screening ☒ ☐

Heating ☒ ☐

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
4			3	5
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
5	5	3	6	6

8. COMMENTS

Laundry facilities in Buckner - 5 miles
3 microwaves

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Jeff King General Manager

1/5/16

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

1-5-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Debra Minish

Debra Minish, State Monitor Advocate

1-5-16

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Schwoppe Brothers Tree Farms, LLC
5609 N. Blue Valley Road
Independence, MO 64058

2. HOUSING LOCATION

36305 E. Bone Hill Rd.
Sibley, MO 64088

3. HOUSING DESCRIPTION

Single Family Frame House

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length					13'6"	15'2"		
Width					12'9"	12'1"		
Ceiling Height					9	9		
Square Feet					172	183		
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double					2	3		

5. CAPACITY
(Adults)

6. REGULATIONS COMPLIANCE
("x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1			1	1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	2	2

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

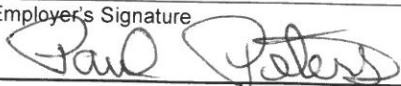
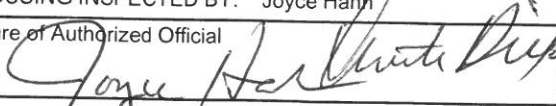
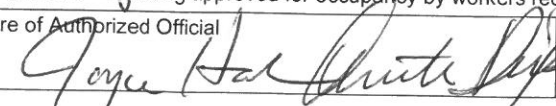
Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

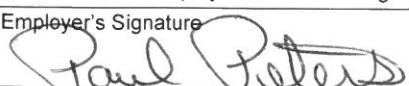
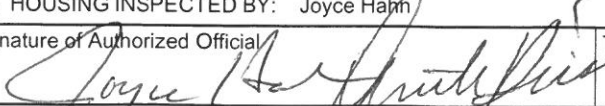
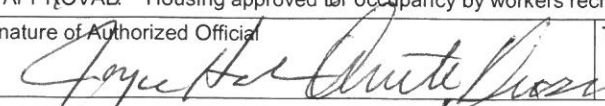
Signature of Authorized Official

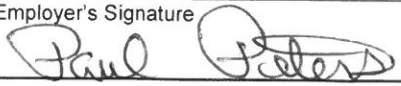

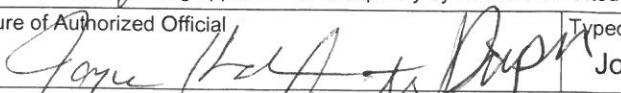
Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS SOL Harvesting LLC 2721 Sequoyah Dr. Haines City, FL 33844						
2. HOUSING LOCATION 21531 State Hwy N Housing #1 Waverly, MO 64096					3. HOUSING DESCRIPTION Barracks Style						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
Length	21'9"	21'9"	21'9"	21'9"	1	2	3	4	5. CAPACITY (Adults) 16		
Width	11'8"	11'8"	11'8"	11'8"					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No		
Ceiling Height									Water	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet	258	258	258	258					Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms									Site	<input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single									Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double	2	2	2	2					Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 4		Showerheads 2						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
Cook Stoves 4	Refrigerators 4	Garbage containers 4	First-aid Kits 4		Fire Extinguishers (No. & type) 4						
8. COMMENTS Lock boxes provided. Bused to grocery store once a week. Bused to do laundry once a week.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Paul Peters				Date 7/11/18		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator				Date 7/11/18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator				Date 7/11/18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS SOL Harvesting LLC 2721 Sequoyah Dr. Haines City, FL 33844						
2. HOUSING LOCATION 21531 State Hwy N Waverly, MO 64096 Housing #2					3. HOUSING DESCRIPTION Barracks Style						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	15'6	15'6	15'6	15'6						5. CAPACITY (Adults)	16
Width	15'4	15'4	15'4	15'4						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet	240	240	240	240						Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single										Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2	2						Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	2	Privy	Urinals	Lav. or Washbasins	4	Showerheads	2				
Bathtubs		Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs					
Cook Stoves	4	Refrigerators	4	Garbage containers	4	First-aid Kits	4	Fire Extinguishers (No. & type)	4		
8. COMMENTS											
Lock boxes provided. Bused to grocery store once a week. Bused to do laundry once a week. <div style="text-align: right; font-size: 1.2em;"> replace burner mattress (3 replace) </div>											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature					Typed Name and Title					Date	
					Paul Peters					7/11/18	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official					Typed Name and Title					Date	
					Joyce Hahn, Program Coordinator					7/11/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official					Typed Name and Title					Date	
					Joyce Hahn, Program Coordinator					7/11/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS SOL Harvesting LLC 2721 Sequoyah Dr. Haines City, FL 33844						
2. HOUSING LOCATION 28373 Arbor Lane Malta Bend, MO 65339					3. HOUSING DESCRIPTION Bunkhouse A						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		15'3"	15'3"	15'6"	15'3"					5. CAPACITY (Adults) 16	
Width		15'5"	15'8"	15'3"	15'5"					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height										Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet		237	237	239	237					Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms		1	1	1	1					Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single										Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double		2	2	2	2					Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2						2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
4	4	4		4		4 Fire Gone					
8. COMMENTS											
Transportation provided to laundry mat. Bused to grocery store once a week. Bused to do laundry once a week.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title			Date		
						Paul Peters			7/11/18		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, Program Coordinator			7/11/18		
11. APPROVAL Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title			Date		
						Joyce Hahn, Program Coordinator			7/11/18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS SOL Harvesting LLC 2721 Sequoyah Dr. Haines City, FL 33844				
2. HOUSING LOCATION 28381 Arbor Lane Malta Bend, MO 65339					3. HOUSING DESCRIPTION Bunkhouse B				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	19'3	19'3	19'3	19'3					5. CAPACITY (Adults) 16
Width	11'8	11'8	11'8	11'5					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	228	228	228	222					Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	1	1	1					Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2	2					Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets 2	Privy		Urinals		Lav. or Washbasins		Showerheads 2		
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs		
Cook Stoves 4	Refrigerators 4		Garbage containers 4		First-aid Kits 4		Fire Extinguishers (No. & type) 4 Fire Gone		
8. COMMENTS									
Lock boxes provided. Bused to grocery store once a week. Bused to do laundry once a week.									
B1 mattress refig B6									
9. EMPLOYER'S CERTIFICATION:									
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title Paul Peters			Date 7/11/18	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 7/11/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 7/11/18	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE
EMPLOYER FURNISHED HOUSING AND FACILITIES
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

SOL Harvesting LLC
2721 Sequoyah Dr.
Haines City, FL 33844

2. HOUSING LOCATION

21531 State Hwy N Housing #1
Waverly, MO 64096

3. HOUSING DESCRIPTION

Barracks Style

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	21'9	21'9	21'9	21'9				
Width	11'8	11'8	11'8	11'8				
Ceiling Height								
Square Feet	258	258	258	258				
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double	2	2	2	2				

5. CAPACITY
(Adults) 16

6. REGULATIONS COMPLIANCE
(*x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 4	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 4	Refrigerators 4	Garbage containers 4	First-aid Kits 4	Fire Extinguishers (No. & type) 4

8. COMMENTS

Lock boxes provided.
Bused to grocery store once a week.
Bused to do laundry once a week.

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Paul Peters

Typed Name and Title

Paul Peters, Sec

Date

6-20-17

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn, Program Coordinator

Date

6-20-17

11. APPROVAL: (Housing approved for occupancy by workers recruited interstate)

Signature of Authorized Official

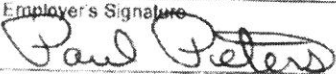
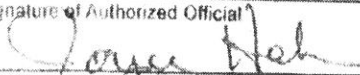
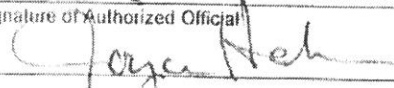
Joyce Hahn

Typed Name and Title

Joyce Hahn, Program Coordinator

Date

6-20-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS SOL Harvesting LLC 2721 Sequoyah Dr. Haines City, FL 33844						
2. HOUSING LOCATION 21531 State Hwy N Waverly, MO 64096 Housing #2					3. HOUSING DESCRIPTION Barracks Style						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	15'6"	15'6"	15'6"	15'6"						5. CAPACITY (Adults) 16	
Width	15'4"	15'4"	15'4"	15'4"						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet	240	240	240	240						Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single										Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2	2						Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
2			4	2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
4	4	4	4	4							
8. COMMENTS											
Lock boxes provided. Bused to grocery store once a week. Bused to do laundry once a week.											
9. EMPLOYER'S CERTIFICATION											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature					Typed Name and Title					Date	
					Paul Peters, Sec.					6-20-17	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official					Typed Name and Title					Date	
					Joyce Hahn, Program Coordinator					6-20-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official					Typed Name and Title					Date	
					Joyce Hahn, Program Coordinator					6-20-17	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE
EMPLOYER FURNISHED HOUSING AND FACILITIES
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

SOL Harvesting LLC
2721 Sequoyah Dr.
Haines City, FL 33844

2. HOUSING LOCATION

28373 Arbor Lane
Malta Bend, MO 65339

3. HOUSING DESCRIPTION

Bunkhouse A

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	15'3	15'3	15'6	15'3					5. CAPACITY (Adults) 16
Width	15'6	15'8	15'3	15'5					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Foot	237	237	239	237					Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	1	1	1					Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	2	2	2	2					Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
4	4	4	4	4 Fire Gone

8. COMMENTS

Transportation provided to laundry mat.
Bused to grocery store once a week.
Bused to do laundry once a week.

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Paul Peters

Typed Name and Title

Paul Peters, Sec.

Date

6-20-17

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn, Program Coordinator

Date

6-20-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn, Program Coordinator

Date

6-20-17

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

SOL Harvesting LLC
2721 Sequoyah Dr.
Haines City, FL 33844

2. HOUSING LOCATION

28381 Arbor Lane
Malta Bend, MO 65339

3. HOUSING DESCRIPTION

Bunkhouse B

**4. SLEEP ROOMS
(No. & Measure)**

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	19'3	19'3	19'3	19'3				
Width	11'8	11'8	11'8	11'5				
Ceiling Height								
Square Feet	228	228	228	222				
No. of Rooms	1	1	1	1				
No. of Beds, Single								
No. of Beds or Bunks, Double	2	2	2	2				

5. CAPACITY (Adults) 16

6. REGULATIONS COMPLIANCE
(*x" proper box)

	Yes	No
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 4	Refrigerators 4	Garbage containers 4	First-aid Kits 4	Fire Extinguishers (No. & type) 4 Fire Gone

8. COMMENTS

Lock boxes provided.

Bused to grocery store once a week.

Bused to do laundry once a week.

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Paul Peters

Typed Name and Title

Paul Peters, Sec

Date

6-20-17

10. HOUSING INSPECTED BY Joyce Hahn

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn, Program Coordinator

Date

6-20-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Joyce Hahn

Typed Name and Title

Joyce Hahn, Program Coordinator

Date

6-20-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS SOL Harvesting LLC 2721 Sequoyah Dr. Haines City, FL 33844				
2. HOUSING LOCATION 21531 State Hwy N Housing #1 Waverly, MO 64096					3. HOUSING DESCRIPTION Barracks Style				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	21'9"	21'9"	21'9"	21'9"					5. CAPACITY (Adults) 16
Width	11'8"	11'8"	11'8"	11'8"					
Ceiling Height									6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Square Feet	258	258	258	258					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2	2					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)				
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 4	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 4	Refrigerators 4	Garbage containers 4	First-aid Kits 4	Fire Extinguishers (No. & type) 4

8. COMMENTS
 Lock boxes provided.
Transportation to laundry mat.

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>Harriet Thorp</i>	Typed Name and Title Harriet Thorp	Date 6-23-16
--	--	------------------------

10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 6-23-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 6-23-16

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

SOL Harvesting LLC
2721 Sequoyah Dr.
Haines City, FL 33844

2. HOUSING LOCATION

21531 State Hwy N
Waverly, MO 64096 Housing #2

3. HOUSING DESCRIPTION

Barracks Style

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	15'6	15'6	15'6	15'6					5. CAPACITY (Adults) 16
Width	15'4	15'4	15'4	15'4					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	240	240	240	240					Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2	2					Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 4	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 4	Refrigerators 4	Garbage containers 4	First-aid Kits 4	Fire Extinguishers (No. & type) 4

8. COMMENTS

Lock boxes provided.

Transportation to laundry mat.

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

Harriet Tharp

Harriet Tharp

6-24-16

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

Joyce Hahn

Joyce Hahn, Program Coordinator

6-24-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Joyce Hahn

Joyce Hahn, Program Coordinator

6-24-16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS SOL Harvesting LLC 2721 Sequoyah Dr. Haines City, FL 33844				
2. HOUSING LOCATION 28373 Arbor Lane Malta Bend, MO 65339					3. HOUSING DESCRIPTION Bunk House A				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	15'3	15'3	15'6	15'3					5. CAPACITY (Adults) 16
Width	15'5	15'8	15'3	15'3					
Ceiling Height									6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Square Feet	237	237	239	237					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	2	1	1					Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2	2					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
4	4	4	4	4 Fire Gone

8. COMMENTS
 Transportation provide to^{do} Laundry

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Harriet Thorp	Date 6-23-16
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 6-23-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 6-23-16

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

SOL Harvesting LLC
2721 Sequoyah Dr.
Haines City, FL 33844

2. HOUSING LOCATION

28381 Arbor Lane
Malta Bend, MO 65339

3. HOUSING DESCRIPTION

Bunkhouse B

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	19'3"	19'3"	19'3"	19'3"					5. CAPACITY (Adults) 16
Width	11'8"	11'8"	11'8"	11'5"					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	228	228	228	222					Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	1	1	1					Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	2	2	2	2					Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

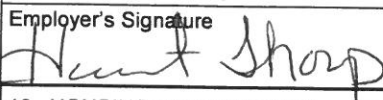
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
4	4	4	4	4 Fire gene

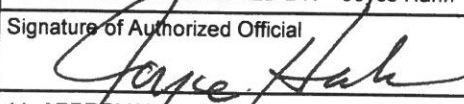
8. COMMENTS

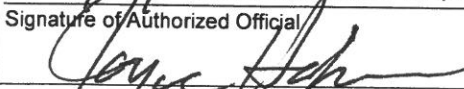
Transportation will be provided to do laundry

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Harriet Thorp	Date 6-23-16
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 6-23-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 6-23-16

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

SOL Harvesting LLC
2721 Sequoyah Dr
Haines City, FL 33844

2. HOUSING LOCATION

21531 State Hwy N Housing 1
Waverly, MO 64096

3. HOUSING DESCRIPTION

Barracks Style

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	21'9"	21'9"	21'9"	21'9"					5. CAPACITY (Adults) 16
Width	11'8"	11'8"	11'8"	11'8"					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	258	258	258	258					Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single									Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	2	2	2	2					Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

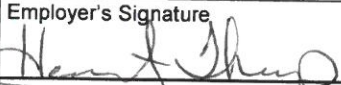
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2			4	2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
4	4	4	4	4

8. COMMENTS


1. Transportation to do laundry
2. Lock boxes provided

9. EMPLOYER'S CERTIFICATION:


I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Harriet Thorp	Date 6-23-15
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10. HOUSING INSPECTED BY:

Signature of Authorized Official 	Typed Name and Title Debra Minish, State Monitor Advocate	Date 6/23/15
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official 	Typed Name and Title Debra Minish, State Monitor Advocate	Date 6/23/15
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U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSSOL Harvesting LLC
2721 Sequoyah Dr
Haines City, FL 33844**2. HOUSING LOCATION**21531 State Hwy N
Waverly, MO 64096

Housing 2

3. HOUSING DESCRIPTION

Barracks Style

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	15'6	15'6	15'6	15'6					5. CAPACITY (Adults) 16
Width	15'4	15'4	15'4	15'4					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Yes No
Square Feet	240	240	240	240					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2	2					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2			4	2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
4	4	4	4	4

8. COMMENTS

1. Transportation for laundry will be provided
2. Lock boxes provided

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date



Harold Thorp Food Safety

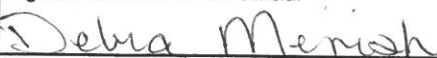
6-23-15

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date



Debra Minish, State Monitor Advocate

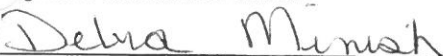
6/23/15

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

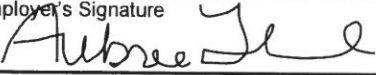
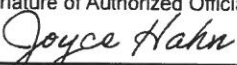
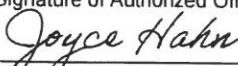
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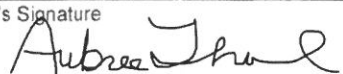
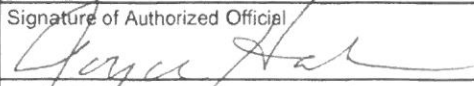
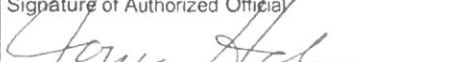
Date

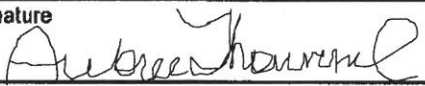
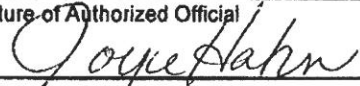
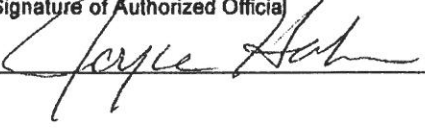


Debra Minish, State Monitor Advocate

6/23/15

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Thouvenel Harvesting 10083 Red Ribbon Rd. Versailles, MO 65084						
2. HOUSING LOCATION 10083 Red Ribbon Road Versailles, MO 65084					3. HOUSING DESCRIPTION 32 Ft Mobile travel trailer 2004 Keystone Cougar VIN# 4YDT301254B039498						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length										5. CAPACITY (Adults) 7	
Width										6. REGULATIONS COMPLIANCE (<i>"x"</i> proper box)	
Ceiling Height										Yes	No
Square Feet										Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
										Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1						1		1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1				1		1			
8. COMMENTS Pull type travel trailer.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Aubree Thouvenel, Owner				Date 1/4/19	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1/4/19	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1/4/19	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Thouvenel Harvesting 10083 Red Ribbon Rd. Versailles, MO 65084						
2. HOUSING LOCATION 10083 Red Ribbon Road Versailles, MO 65084					3. HOUSING DESCRIPTION 32 Ft Mobile travel trailer 2004 Keystone Cougar VIN# 4YDT301254B039498						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length										5. CAPACITY (Adults) 7	
Width										6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet										Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single										Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double										Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals			Lav. or Washbasins			Showerheads			
1					1			1			
Bathtubs	Movable Bathtubs	Laundry machines			Fixed laundry tubs			Movable laundry tubs			
		1									
Cook Stoves	Refrigerators	Garbage containers			First-aid Kits			Fire Extinguishers (No. & type)			
1	1				1			1			
8. COMMENTS Pull type travel trailer.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Aubree Thouvenel, Owner				Date 1-18-18	
10. HOUSING INSPECTED BY: Joyce Hahn Signature of Authorized Official 											
						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-18-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official 											
						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-18-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Thouvenel Harvesting 10083 Red Ribbon Rd. Versailles, MO 65084						
2. HOUSING LOCATION 10083 Red Ribbon Road Versailles, MO 65084					3. HOUSING DESCRIPTION 32 Ft Mobile travel trailer 2004 Keystone Cougar VIN# 4YDT301254B039498						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length										5. CAPACITY <i>(Adults)</i> 7	
Width										6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height										Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet										Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
1						1		1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>			
1		1				1		1			
8. COMMENTS Pull type travel trailer.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Aubree Thouvenel, Owner				Date 1-19-16	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-19-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-19-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS 4L Land, LLC 6558 County Road 273 Hannibal, MO 63401				
2. HOUSING LOCATION 5934 County Road 260 Palmyra, MO 63461					3. HOUSING DESCRIPTION 5 Bedroom Farm House				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length				13'10	9'9	14'8	12'9	11'4	5. CAPACITY (Adults)	5
Width				7'11	13'10	9'9	11	12'9	6. REGULATIONS COMPLIANCE (“x” proper box)	
Ceiling Height									Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet									Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms									Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single				1			1		Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double					1	1		1	Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

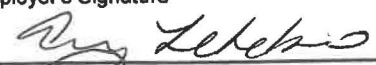
7. FACILITIES (Number of each)				
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 3	First-aid Kits 1	Fire Extinguishers (No. & type) 1abc

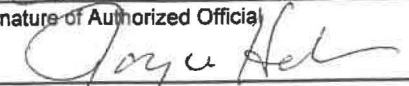
8. COMMENTS

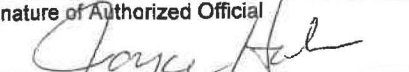
 1 dryer

 Dumpster at farm for disposal of trash.

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Amy Lehenbauer, member	Date 1-23-17
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-23-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-23-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS 4L Land, LLC 6558 County Road 273 Hannibal, MO 63401				
2. HOUSING LOCATION 5934 County Road 260 Palmyra, MO 63461					3. HOUSING DESCRIPTION 5 Bedroom Farm House				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length				13'10"	9'9"	14'8"	12'9"	11'4"	5. CAPACITY (Adults) 5
Width				7'11"	13'10"	9'9"	11'	12'9"	
Ceiling Height									6. REGULATIONS COMPLIANCE ("x" proper box)
Square Feet									
No. of Rooms									Water
No. of Beds, Single				1			1		Electricity
No. of Beds or Bunks, Double					1	1		1	Site
									Screening
									Heating


7. FACILITIES (Number of each)				
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 3	First-aid Kits 1	Fire Extinguishers (No. & type) 1abc

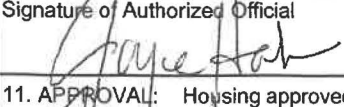
8. COMMENTS

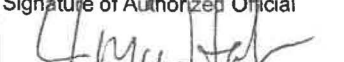
 1 dryer

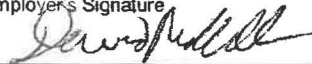
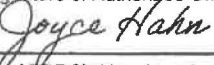
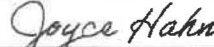
 Dumpster at farm for disposal of trash.

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-11-18
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-11-18

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 1-11-18

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS A.S. Inc. 1102 Nixon Industrial Blvd. Macon, MO 63552																						
2. HOUSING LOCATION 305 N. Rubey St. Mason, MO 63552					3. HOUSING DESCRIPTION Large 2 story home Lower Floor																						
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY 5. CAPACITY (Adults) 8 6. REGULATIONS COMPLIANCE ("x" proper box) <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>Water</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Electricity</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Site</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Screening</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heating</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No																									
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>																									
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>																									
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>																									
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>																									
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>																									
Length	12	15'5"			1	2	3	4																			
Width	14'7"	13'11"																									
Ceiling Height																											
Square Feet	175.35	215.93																									
No. of Rooms																											
No. of Beds, Single																											
No. of Beds or Bunks, Double	2 bunks	2 bunks																									
7. FACILITIES (Number of each)																											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads																							
1				1																							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs																							
1																											
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)																							
1	1	1	1	1abc																							
8. COMMENTS																											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																											
Employer's Signature 				Typed Name and Title David McClellan VP			Date 2/15/18																				
10. HOUSING INSPECTED BY: Joyce Hahn																											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator			Date 2/15/18																				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.																											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator			Date 2/15/18																				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS A.S. Inc. 1103 Nixon Industrial Blvd Macon, MO 63552						
2. HOUSING LOCATION 305 N. Rubey St Macon, MO 63552					3. HOUSING DESCRIPTION <i>Large 2 story</i> Three bedroom house <i>Upper Floor</i>						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		11.7	13.2							5. CAPACITY (Adults) <i>8</i>	
Width		13.3	13.2							6. REGULATIONS COMPLIANCE (“x” proper box)	
Ceiling Height										Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		143	174.5							Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double		2	2							Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
1						1					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
1											
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1	1		1		1 abc					
8. COMMENTS											
<i>2 fire escape rope ladders and steps that exit to outside</i>											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title			Date		
<i>David McKellan</i> <i>UP</i>						<i>David McKellan</i> <i>UP</i>			<i>03/09/2015</i>		
10. HOUSING INSPECTED BY:											
Signature of Authorized Official						Typed Name and Title			Date		
<i>Debra Minish</i>						Debra Minish, State Monitor Advocate			3/9/2015		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title			Date		
<i>Debra Minish</i>						Debra Minish, State Monitor Advocate			3/9/2015		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS A.S. Inc. 1103 Nixon Industrial Blvd Macon, MO 63552						
2. HOUSING LOCATION 305 N. Rubey St Macon, MO 63552					3. HOUSING DESCRIPTION <i>Large 2 story</i> Three bedroom house <i>Lower Level</i>						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		12	15.5							5. CAPACITY (Adults) <i>8</i>	
Width		14.7	13.11							6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		175.35	215.9							Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
1						1					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
1											
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1	1		1		1 abd					
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>David McClellan</i> UP						Typed Name and Title David McClellan UP				Date 03/09/2015	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Debra Minish</i>						Typed Name and Title Debra Minish, State Monitor Advocate				Date 3/9/2015	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Debra Minish</i>						Typed Name and Title Debra Minish, State Monitor Advocate				Date 3/9/2015	

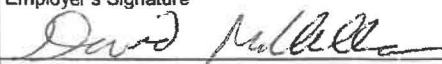
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS A.S. Inc. 1102 Nixon Industrial Blvd. Macon, MO 63552				
2. HOUSING LOCATION 305 N. Rubey St. Mason, MO 63552					3. HOUSING DESCRIPTION Large 2 story home Upper Floor				

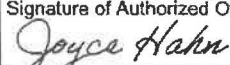
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	11'7"	13'2"							5. CAPACITY (Adults) 8
Width	13'3"	13'2"							
Ceiling Height									6. REGULATIONS COMPLIANCE (*x" proper box) Yes No
Square Feet	143	174.50							
No. of Rooms									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2 bunks	2 bunks							Site <input checked="" type="checkbox"/> <input type="checkbox"/>
									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

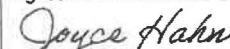
7. FACILITIES (Number of each)				
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1				1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	1abc


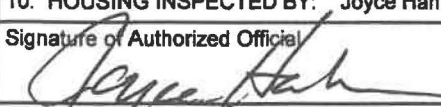
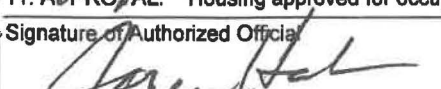
8. COMMENTS
 2 fire escape rope ladders and steps that exit to outside.


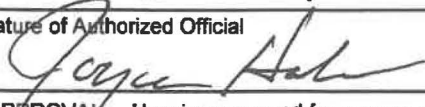
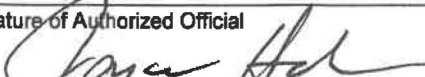
9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

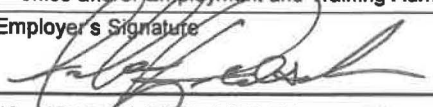
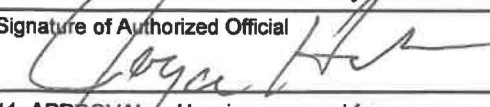
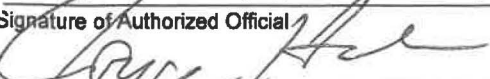
Employer's Signature 	Typed Name and Title David McClellan VP..	Date 2/15/18
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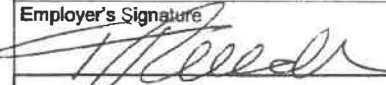
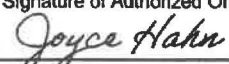
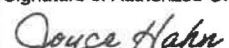
10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 2/15/18


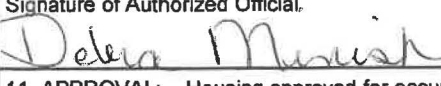

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 2/15/18

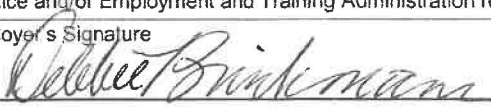
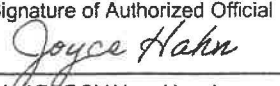
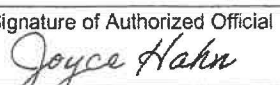
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS A.S. Inc. 1102 Nixon Industrial Blvd. Macon, MO 63552						
2. HOUSING LOCATION 305 N. Rubey St. Macon, MO 63552					3. HOUSING DESCRIPTION Large 2 story home Lower Floor						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		12	15'5							5. CAPACITY <i>(Adults)</i> 8	
Width		14'7	13'11							6. REGULATIONS COMPLIANCE <i>("x" proper box)</i> Yes No	
Ceiling Height										Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet		175.35	215.93							Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		2	2							Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
1						1					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
1											
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>					
1	1	1		1		1 abc					
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title David McClellan VP				Date 03/29/2016	
10. HOUSING INSPECTED BY: Joyce Hahn Signature of Authorized Official 											
						Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-29-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official 											
						Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-29-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS A.S. Inc. 1102 Nixon Industrial Blvd. Macon, MO 63552						
2. HOUSING LOCATION 305 N. Rubey St. Macon, MO 63552					3. HOUSING DESCRIPTION Large 2 story home Upper Floor						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	11'7	13'2								5. CAPACITY (Adults) 8	
Width	13'3	13'2								6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet	143	174.50								Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single										Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2								Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
1						1					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
1											
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1	1		1		1 abc					
8. COMMENTS 2 fire escape rope ladders and steps that exit to outside.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						David McClellan VP				03/29/2016	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				3-29-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				3-29-16	




U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS AJ&E Container Tree Farm, LLC 7393 Hwy N O'Fallon, MO 63368						
2. HOUSING LOCATION 5248 State Hwy 77 Trailer C Benton, MO 63736					3. HOUSING DESCRIPTION Trailer						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		10'9" 10'11"								5. CAPACITY (Adults) 3	
Width		8'3" 11'5"								6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8 8								Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Feet		110.19 116.24								Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Rooms		1 1								Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds, Single		1 2								Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds or Bunks, Double										Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
/								/			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
/											
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
/		/		/		/		/			
8. COMMENTS heed screen new window 2nd BR											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Adam Ruesch			Date 7-26-17		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator			Date 7-26-17		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, Program Coordinator			Date 7-26-17		




U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS AJ&E Container Tree Farm, LLC 7393 Hwy N O'Fallon, MO 63368						
2. HOUSING LOCATION 5248 State Hwy 77 Trailer C Benton, MO 63736					3. HOUSING DESCRIPTION 720 sq ft Trailer						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4			
Length	10'9"	10'11"							5. CAPACITY <i>(Adults)</i> 4		
Width	8'3"	11'5"							6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>		
Ceiling Height	8	8							Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Feet	110.19	116.26							Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Rooms	1	1							Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds, Single	2	2							Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Beds or Bunks, Double									Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads				
1							1				
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs				
1											
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>				
1	1		1		1		1				
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Tim Ruesch pres.			Date 8/23/18			
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 8/23/18			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 8/23/18			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete Inc. 18358 County Hwy D-20 Alden, Iowa 50006						
2. HOUSING LOCATION 1028 Sonnock Ave Lot #14 44/ Moberly, MO 65270					3. HOUSING DESCRIPTION 16 x 80 Mobile Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		13'6"	13.6	13.6						5. CAPACITY (Adults) 12	
Width		11.6	11.6	11.6						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8						Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet		160	160	160						Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single										Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double		2	2	2						Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2				2		2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
2											
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1	1		1		2					
8. COMMENTS											
Smoke and Carbon Monoxide Detectors - 4 City trash pick-up Local laundry matt New quality built construction											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Thomas K. Sachig Supervisor				4/7/2015	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official						Typed Name and Title				Date	
						Debra Minish, State Monitor Advocate				4/7/2015	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Debra Minish, State Monitor Advocate				4/7/2015	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Augusta Wine Company 5601 High Street; PO Box 8 Augusta, MO 63332						
2. HOUSING LOCATION 542 Crow Creek Lane Augusta, MO 63332					3. HOUSING DESCRIPTION Ranch Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	12	12								5. CAPACITY (Adults) 3	
Width	11	11								6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	8	8								Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet	132	132								Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms	1	1								Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single		2								Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, <u>Double</u>	1									Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
1						1					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
1		1									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1			1							
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature						Typed Name and Title				Date	
						Debbie Brinkman				12/6/18	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				12/6/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official						Typed Name and Title				Date	
						Joyce Hahn, Program Coordinator				12/6/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Augusta Wine Company 5601 High Street; PO Box 8 Augusta, MO 63332				
2. HOUSING LOCATION 520 Crow Creek Lane Augusta, MO 63332					3. HOUSING DESCRIPTION Ranch Home				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	12	12							5. CAPACITY (Adults) 3
Width	11	11							6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8	8							Water <input type="checkbox"/> <input type="checkbox"/>
Square Feet	132	132							Electricity <input type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	1							Site <input type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		2							Screening <input type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1 Db								Heating <input type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1					
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers (No. & type)					
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Debbie Brinkman</i>					Typed Name and Title Debbie Brinkman			Date 11-22-16	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 11-22-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 11-22-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1 EMPLOYER'S NAME AND ADDRESS Augusta Wine Company 5601 High Street; PO Box 8 Augusta, MO 63332				
2. HOUSING LOCATION 520 Crow Creek Lane Augusta, MO 63332					3. HOUSING DESCRIPTION Ranch Home				
4. SLEEP ROOMS <i>(No. & Measure)</i>	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	12	12							5. CAPACITY <i>(Adults)</i> 3
Width	11	11							6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height	8	8							Water <input type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	132	132							Electricity <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	1							Site <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single		2							Screening <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	1 Db								Heating <input type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1				1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. & type)</i>					
1	1		1						
8. COMMENTS									
9 EMPLOYER'S CERTIFICATION I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein: <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title Debbie Brinkman			Date 7/1/77	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 7/1/77	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 7/1/77	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Brenda Benner Stables, Inc 6901 Oakland Gravel Rd Columbia, MO 65202																																																																						
2. HOUSING LOCATION Same as Above					3. HOUSING DESCRIPTION Apartment adjacent to Stables																																																																						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1</td> <td style="width: 25%;">2</td> <td style="width: 25%;">3</td> <td style="width: 25%;">4</td> </tr> <tr> <td>Length</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Width</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ceiling Height</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Square Feet</td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Rooms</td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds, Single</td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds or Bunks, Double</td> <td></td> <td></td> <td></td> </tr> </table>				1	2	3	4	Length				Width				Ceiling Height				Square Feet				No. of Rooms				No. of Beds, Single				No. of Beds or Bunks, Double				b. Family Type <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1</td> <td style="width: 25%;">2</td> <td style="width: 25%;">3</td> <td style="width: 25%;">4</td> </tr> <tr> <td>11'</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12'</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8'</td> <td></td> <td></td> <td></td> </tr> <tr> <td>242'</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </table>				1	2	3	4	11'				12'				8'				242'				1								1				ES USE ONLY	
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						6. REGULATIONS COMPLIANCE <i>("x" proper box)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>Water</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Electricity</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Site</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Screening</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heating</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Yes	No	Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																		
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Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																									
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																									
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																									
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																									
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																									
7. FACILITIES <i>(Number of each)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Flush Toilets 1</td> <td style="width: 20%;">Privy</td> <td style="width: 20%;">Urinals</td> <td style="width: 20%;">Lav. or Washbasins</td> <td style="width: 20%;">Showerheads 1</td> </tr> <tr> <td>Bathtubs 1</td> <td>Movable Bathtubs</td> <td>Laundry machines 1</td> <td>Fixed laundry tubs</td> <td>Movable laundry tubs</td> </tr> <tr> <td>Cook Stoves</td> <td>Refrigerators 1</td> <td>Garbage containers 1</td> <td>First-aid Kits 1</td> <td>Fire Extinguishers <i>(No. & type)</i> 1 abc</td> </tr> </table>								Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1	Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs	Cook Stoves	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers <i>(No. & type)</i> 1 abc																																																					
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8. COMMENTS																																																																											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																																																																											
Employer's Signature 				Typed Name and Title Brenda Benner, President		Date 11/20/16																																																																					
10. HOUSING INSPECTED BY: Joyce Hahn																																																																											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator		Date 11/20/16																																																																					
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.																																																																											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator		Date 11/20/16																																																																					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Brenda Benner Stables, Inc 6901 Oakland Gravel Rd Columbia, MO 65202				
2. HOUSING LOCATION Same as Above					3. HOUSING DESCRIPTION Apartment adjanct to stables				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY		
	1	2	3	4	1	2	3	4			
Length					11'					5. CAPACITY (Adults) 3	
Width					12'						
Ceiling Height					8'					6. REGULATIONS COMPLIANCE ("x" proper box)	
Square Feet					242'						
No. of Rooms					1					Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double					1					Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
										Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)				
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Brenda Benner, President	Date 12/9/14
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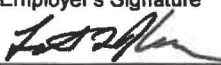
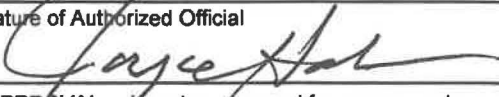

10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Workforce Specialist IV	Date 12/9/14

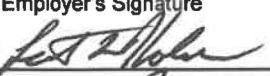
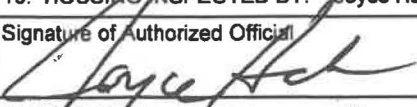
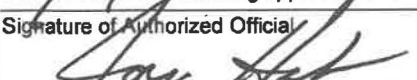
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Workforce Specialist IV	Date 12/9/14


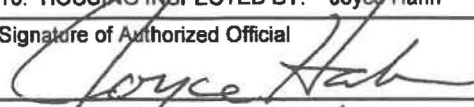
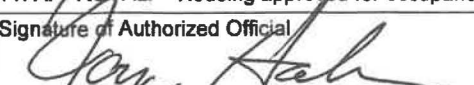
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Briggs Traditional Turf Farm, Inc. 22414 S. Harper Peculiar, MO 64078				
2. HOUSING LOCATION 160 W. 2 nd St. Peculiar, MO 64078					3. HOUSING DESCRIPTION Frame Barracks				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length		9'7"	29'7"	14'6"					
Width		16'11"	13'9"	13'1"					
Ceiling Height		8	8	8					
Square Feet		156.26	412.83	191.26					
No. of Rooms		1	1	1					
No. of Beds, Single			1	1					
No. of Beds or Bunks, Double		108	436	166					
					5. CAPACITY (Adults) 14				
					6. REGULATIONS COMPLIANCE ("x" proper box)				
					Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
					Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
					Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
					Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
					Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
2				2					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	2	2	1	1					
8. COMMENTS									
Laundry mat within walking distance. Once a week trash pickup									
9. EMPLOYER'S CERTIFICATION:									
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature					Typed Name and Title			Date	
					Lawrence Cass Briggs			3-8-18	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			3-8-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			3-8-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS H2A Complete II, Inc. 1926 First Commercial Drive N. Southaven, MS 38671					
2. HOUSING LOCATION 410 Main Street Hornersville, MO 63855					3. HOUSING DESCRIPTION Brick Building					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	23'2	18'9	18'9	40'6					5. CAPACITY (Adults) 45	
Width	13'6	12'5	15'8	18'5					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height	8	8	8	8					Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet	315.52	236.25	298.62	751.1					Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms	1	1	1	1					Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double	4 bk	3 bk	4 bk	9bk					Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)										
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads			
10					10		7			
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
<i>82</i>	4		6		1		9abc			
8. COMMENTS <p>Mess Hall is off-site. Cooks will be the only ones to have access to the kitchen area in the bunk house.</p> <p>Trash pickup once a week.</p>										
9. EMPLOYER'S CERTIFICATION:										
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature					Typed Name and Title				Date	
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official					Typed Name and Title				Date	
<i>Joyce Hahn</i>					Joyce Hahn, FLC Coordinator				<i>8-23-18</i>	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official					Typed Name and Title				Date	
<i>Joyce Hahn</i>					Joyce Hahn, FLC Coordinator				<i>8-23-18</i>	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Jody Jones Trucking LLC 27172 Snapp Road Ketesville, MO 65261						
2. HOUSING LOCATION 23036 Paphael Road Brunswick, MO 65236					3. HOUSING DESCRIPTION Farm Dwelling						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length						19'5"				5. CAPACITY (Adults) 4	
Width						10'10"				6. REGULATIONS COMPLIANCE (<i>"x" proper box</i>)	
Ceiling Height						8				Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet						2103				Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms						1				Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double						2				Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
1				1		1					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
		1									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)					
1	1			1		1					
8. COMMENTS Inspected using OSHA 1910.142 regulations. The housing resides in Chariton County, MO which does not have any codes that prevent placing a vent about the bathroom door for ventilation. Trash pickup is not available twice a week as this housing is in the rural area.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Glenn Fox, Manager				Date 2-25-15	
10. HOUSING INSPECTED BY: Signature of Authorized Official 											
						Typed Name and Title Debra Minish, Program Coordinator				Date 2-25-15	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Debra Minish, Program Coordinator				Date 2-25-15	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Happy Apple 527 Commercial Drive Washington, MO 63090				
2. HOUSING LOCATION 305 North Three St. Marthasville, MO 63357 HOUSE #3					3. HOUSING DESCRIPTION Split Level				
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length					14	16	13	13'5	12'5
Width					10	13'5	12	10	13'5
Ceiling Height									
Square Feet					140	208'5	156	130'5	156'10
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double					2	2	2	2	2
5. CAPACITY <i>(Adults)</i> 20									
6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>									
								Yes	No
Water								<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electricity								<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site								<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screening								<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating								<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. FACILITIES <i>(Number of each)</i>									
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads			
3				5		3			
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs			
3		2							
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>			
3	3	2		2		2 ABC Dry			
8. COMMENTS 2 Driers									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title Edward Reidy, President			Date 6/30/16	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator			Date 6/30/16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator			Date 6/30/16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Happy Apple 527 Commercial Drive Washington, MO 63090						
2. HOUSING LOCATION 300 North Three St. Marthasville, MO 63357 HOUSE #2					3. HOUSING DESCRIPTION Split Level						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length					14	16	13	13'5	12'5	5. CAPACITY <i>(Adults)</i> 20	
Width					10	13'5	12	10	13'5	6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet					140	208'5	156	130'5	156'10	Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single										Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double					2	2	2	2	2	Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
2						5		3			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
2				2							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>			
2		2		2		2		2 ABC Dry			
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Edward Reidy, President				Date 6/30/16	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6/30/16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6/30/16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Happy Apple 527 Commercial Drive Washington, MO 63090						
2. HOUSING LOCATION 200 South Three St. Marthasville <div style="text-align: right;">House #1</div>					3. HOUSING DESCRIPTION Split Level						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length					10	15	11	13	12	5. CAPACITY <i>(Adults)</i> 18	
Width					13	13	11	13	14	6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height										Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet					130	195	121	169	168	Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single					1		1			Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double					1	2	1	2	2	Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2						2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
2		1 washer									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>					
2	4	2		3		3 ABC Dry					
8. COMMENTS 2 Driers											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Edward Reidy					Date 6/30/16	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator					Date 6/30/16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator					Date 6/30/16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006				
2. HOUSING LOCATION 605 E. Fields Blvd. El Dorado Springs, MO 64744					3. HOUSING DESCRIPTION 16X80 Mobile Home				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	14'10"	11'9"	16'2"						5. CAPACITY (Adults) 11
Width	11'3"	11'3"	11'3"						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	160	135	183						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single			1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	1						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>


7. FACILITIES (Number of each)				
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie


8. COMMENTS

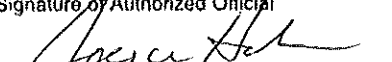
 Smoke/Carbon Monoxide Detectors

 New quality built construction

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Michael Alewelt	Date 6/28/17
---	---	-----------------

10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 6/28/17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 6/28/17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Storey Farms Hwy E. Steele, MO 63877				
2. HOUSING LOCATION 2949 State Hwy E Steele, MO 63877					3. HOUSING DESCRIPTION House				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	8'11"	21'3"	13'2"						5. CAPACITY (Adults) 3
Width	11'10"	13'2"	10'9"						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	90.02	281.16	143.88						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	1	1						Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		1	1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	1db								Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)				
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers (No. & type) 1

8. COMMENTS

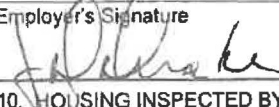
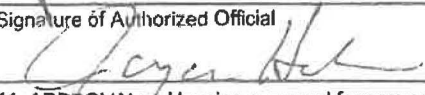
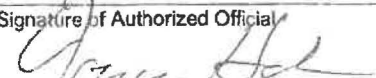
 Dryer on site.

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>Kenneth E. Storey</i>	Typed Name and Title Kenneth E Storey, Partner	Date 2/8/18
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10. HOUSING INSPECTED BY: Joyce Hahn	Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 2/8/18
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.			
Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date 2/8/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Terra Farms, Inc. 24820 S. Miller Road Harrisonville, MO 64701						
2. HOUSING LOCATION 12710 E. 249 th Street Peculiar, MO 64078 LOWER LIVING QUARTERS					3. HOUSING DESCRIPTION Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type 1 2 3 4				b. Family Type 1 2 3 4				ES USE ONLY	
Length						12 12 12				5. CAPACITY <i>(Adults)</i> 6	
Width						7'3" 7'3" 7'4"				6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height						7 7 7				Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet						87.6 87.6 88.8				Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms										Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single						1-B 1B 1-B				Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double						0 0 0				Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
2						1		1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
0				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>			
1		1		1		1		1			
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title James Drake manager				Date 1-31-18	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn				Date 1-31-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn				Date 1-31-18	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Terra Farms, Inc.
24820 S. Miller Road
Harrisonville, MO 64701

2. HOUSING LOCATION

12710 E. 249th Street
Peculiar, MO 64078
UPPER LIVING QUARTERS

3. HOUSING DESCRIPTION

Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length					11	12	9'1"		5. CAPACITY (Adults) <i># 6</i>
Width					12'6"	11'2"	9'4"		
Ceiling Height					9	9	9		6. REGULATIONS COMPLIANCE ("x" proper box)
Square Feet					138.6	134.4	85.54		Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single					0	2	<i>2</i>		Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double					1	0	0		Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 2	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature <i>[Signature]</i>	Typed Name and Title James Drake manager	Date 1-31-18
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10. HOUSING INSPECTED BY:

Signature of Authorized Official <i>[Signature]</i>	Typed Name and Title Joyce Hahn, FLC Program Coordinator	Date 1-31-18
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official <i>[Signature]</i>	Typed Name and Title Joyce Hahn, FLC Program Coordinator	Date 1-31-18
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Terra Farms, Inc. 24820 S. Miller Road Harrisonville, MO 64701						
2. HOUSING LOCATION 12710 E. 249 th Street Peculiar, MO 64078 UPPER LIVING QUARTERS					3. HOUSING DESCRIPTION Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length						11	12	9'1"		5. CAPACITY <i>(Adults)</i> 4	
Width						12'6"	11'2"	9'4"		6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height						9	9	9		Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet						138.6	134.4	85.54		Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms										Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single						0	2	1		Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double						1	0	0		Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2				2		2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
2		1									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kit		Fire Extinguishers <i>(No. & type)</i>					
1	1	1		1		1					
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>James Drake</i>						Typed Name and Title <i>James Drake manager</i>			Date <i>1-19-17</i>		
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Gayce Hahn</i>						Typed Name and Title <i>Gayce Hahn</i>			Date <i>1-19-17</i>		
11. APPROVAL: <i>Housing approved for occupancy by workers recruited interstate.</i>											
Signature of Authorized Official <i>Gayce Hahn</i>						Typed Name and Title <i>Gayce Hahn</i>			Date <i>1-19-17</i>		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Terra Farms, Inc. 24820 S. Miller Road Harrisonville, MO 64701						
2. HOUSING LOCATION 12710 E. 249 th Street Peculiar, MO 64078 LOWER LIVING QUARTERS					3. HOUSING DESCRIPTION Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length						12	12	12		5. CAPACITY (Adults) 6	
Width						7'3"	7'3"	7'4"		6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height						7	7	7		Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet						87.6	87.6	88.8		Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single						1-B	1B	1-B		Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double						0	0	0		Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets		Privy		Urinals		Lav. or Washbasins		Showerheads			
2						1		1			
Bathtubs		Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
0				1							
Cook Stoves		Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1		1		1		1		1			
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>James Drake</i>						Typed Name and Title James Drake Manager			Date 1-19-17		
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>George Hahn</i>						Typed Name and Title George Hahn - Coordinator			Date 1-19-17		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate											
Signature of Authorized Official <i>George Hahn</i>						Typed Name and Title George Hahn - Coordinator			Date 1-19-17		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Terra Farms, Inc. 24820 S. Miller Road Harrisonville, MO 64701					
2. HOUSING LOCATION 12710 E. 249 th Street Peculiar, MO 64078 LOWER LIVING QUARTERS					3. HOUSING DESCRIPTION Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length					12	12	12	15	5. CAPACITY (Adults) 5	
Width					7'3"	7'3"	7'4"	8'	6. REGULATIONS COMPLIANCE (<i>"x" proper box</i>)	
Ceiling Height					7	7	7	7	Water	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet					87.6	87.6	88.8	120	Electricity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Rooms									Site	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds, Single					1-B	1	1-B	0	Screening	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Beds or Bunks, Double					0	0	0	0	Heating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. FACILITIES (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
2			1	1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
0		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)						
1	1	1	1	1						
8. COMMENTS										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature					Typed Name and Title				Date	
<i>James Drake</i>					James Drake Foreman				2-2-2016	
10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Date										
<i>Debra Minish</i>					Debra Minish State Monitor Advocate				2-2-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official					Typed Name and Title				Date	
<i>Debra Minish</i>					Debra Minish State Monitor Advocate				2-2-16	

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Terra Farms, Inc.
24820 S. Miller Road
Harrisonville, MO 64701

2. HOUSING LOCATION

12710 E. 249th Street
Peculiar, MO 64078
UPPER LIVING QUARTERS

3. HOUSING DESCRIPTION

Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

(No. & Measure)	1	2	3	4	1	2	3	4	ES USE ONLY		
Length					11	12	9'1"		5. CAPACITY (Adults) 4 6 4		
Width					12'6"	11'2"	9'4"		6. REGULATIONS COMPLIANCE ("x" proper box)		
Ceiling Height					9	9	9		Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Square Feet					138.6	134.4	85.54		Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms									Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single					0	2	1		Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double					1	0	0		Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 2	Showerheads 1 2
Bathtubs 0 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

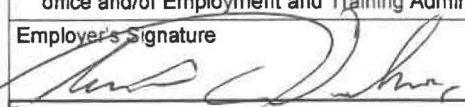
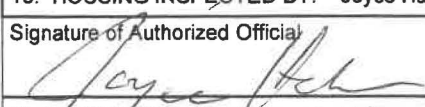
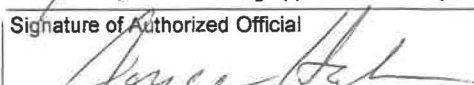
Employer's Signature James Drake	Typed Name and Title James Drake	Date 2-2-2016
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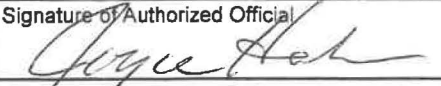
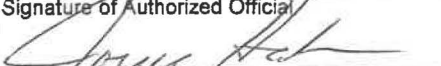
10. HOUSING INSPECTED BY:


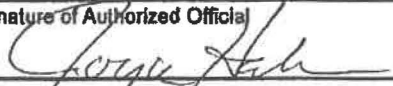
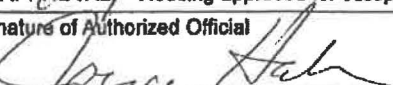
Signature of Authorized Official <i>Debra Minich</i>	Typed Name and Title <i>Debra Minich</i> <i>State Monitor Advocate</i>	Date <i>2-2-16</i>
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official <i>Debra Minich</i>	Typed Name and Title <i>Debra Minich</i> <i>State Monitor Advocate</i>	Date <i>2-2-16</i>
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Terra Farms, Inc. 24820 S. Miller Road Harrisonville, MO 64701						
2. HOUSING LOCATION 12710 E. 249 th Street Peculiar, MO 64078 UPPER LIVING QUARTERS					3. HOUSING DESCRIPTION Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length						11	12	9'1"		5. CAPACITY <i>(Adults)</i> 4	
Width						12'6"	11'2"	9'4"		6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height						9	9	9		Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet						138.6	134.4	85.54		Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single						0	2	1		Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double						1	0	0		Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
2				2		2					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
2		1									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>					
1	1	1		1		1					
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Tim Wehner					Date 1-22-15	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn					Date 1-22-15	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn					Date 1-22-15	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Terra Farms, Inc. 24820 S. Miller Road Harrisonville, MO 64701					
2. HOUSING LOCATION 12710 E. 249 th Street Peculiar, MO 64078 LOWER LIVING QUARTERS					3. HOUSING DESCRIPTION Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length					12	12	12	15	5. CAPACITY (Adults) 3	
Width					7'3"	7'3"	7'4"	8'	6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height					7	7	7	7	Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet					87.6	87.6	88.8	120	Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single					1-B	1	1-B	0	Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double					0	0	0	0	Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)										
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads			
2					1		1			
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
0			1							
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1	1		1		1		1			
8. COMMENTS										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 					Typed Name and Title Tim Wehner				Date 1-22-15	
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official 					Typed Name and Title Joyce Hahn				Date 1-22-15	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 					Typed Name and Title Joyce Hahn				Date 1-22-15	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Thouvenel Harvesting 10083 Red Ribbon Rd. Versailles, MO 65084						
2. HOUSING LOCATION 10083 Red Ribbon Road Versailles, MO 65084					3. HOUSING DESCRIPTION 32 Ft Mobile travel trailer 2004 Keystone Cougar VIN# 4YDT301254B039498						
4. SLEEP ROOMS <i>(No. & Measure)</i>		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length										5. CAPACITY <i>(Adults)</i> 7	
Width										6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height										Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet										Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms										Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads					
1				1		1					
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs					
		1									
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers <i>(No. & type)</i>					
1	1			1		1					
8. COMMENTS Pull type travel trailer.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 						Typed Name and Title Aubree Thouvenel, Owner				Date 1-6-17	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-6-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 						Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-6-17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Thouvenel Harvesting 10083 Red Ribbon Rd. Versailles, MO 65084				
2. HOUSING LOCATION 10083 Red Ribbon Road Versailles, MO 65084					3. HOUSING DESCRIPTION 32 Ft Mobile travel trailer 2004 Keystone Cougar VIN# 4YDT301254B039498				


4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length										5. CAPACITY (Adults) 7
Width										
Ceiling Height										6. REGULATIONS COMPLIANCE (“x” proper box) Yes No
Square Feet										
No. of Rooms										Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Site <input checked="" type="checkbox"/> <input type="checkbox"/>
										Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
										Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

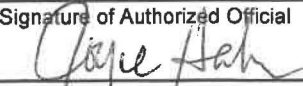
7. FACILITIES (Number of each)				
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1
Bathtubs	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers (No. & type) 1

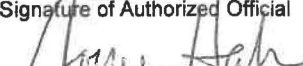
8. COMMENTS

 Pull type travel trailer.


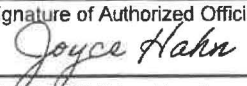
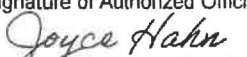
9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Garrett Thouvenel, Owner	Date 1-23-15
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10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, FLC Coordinator	Date 1-23-15

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, FLC Coordinator	Date 1-23-15

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Tri-County Electrical Contractor, LLC 27469 Florida Rd. Center, MO 63436				
2. HOUSING LOCATION 207 Jefferson Street Perry, MO 63462					3. HOUSING DESCRIPTION House				
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length					11'4	12'11	15'5		5. CAPACITY (Adults) 8
Width					13'4	12'8	11'10		6. REGULATIONS COMPLIANCE (X" proper box) Yes No
Ceiling Height					8	8	8		Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet					152.76	155	172.05		Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms					1	1	1		Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single					2	3	3		Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2					
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1					
8. COMMENTS 1 dryer on-site escape ladder on 2 nd floor									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Pamela Barnes</i>					Typed Name and Title Pamela Barnes, President			Date 3/20/18	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 3/20/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 3/20/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Tri-County Electrical Contractor, LLC 27469 Florida Rd Center, MO 63436					
2. HOUSING LOCATION 919 Churchill Rd. Fulton, MO 65251					3. HOUSING DESCRIPTION Apartment					
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	11'9"	12'1"	11'10"	14'8"					5. CAPACITY (Adults) 8	
Width	11'11"	9'7"	14'5"	17'8"					6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	8	8	8	8					Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	132	117	160	263					Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	2	2	3	1					Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. FACILITIES (Number of each)										
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads			
2							2			
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs			
1			1							
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)			
1	1				1		1			
8. COMMENTS										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature					Typed Name and Title					Date
					Pam Barnes					9/11/18
10. HOUSING INSPECTED BY:										
Signature of Authorized Official					Typed Name and Title					Date
					Joyce Hahn, Program Coordinator					9/11/18
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official					Typed Name and Title					Date
					Joyce Hahn, Program Coordinator					9/11/18

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Tri-County Electrical Contractors, LLC 27469 Florida Road Center, MO 63436																								
2. HOUSING LOCATION 1079 N. 7 th Street Canton, MO 63435					3. HOUSING DESCRIPTION Manufactured Mobile Home																								
4. SLEEP ROOMS <small>(No. & Measure)</small>		a. Dormitory Type				b. Family Type				ES USE ONLY																			
		1	2	3	4	1	2	3	4																				
Length						11'6"	11'6"	11'6"	11'6"	5. CAPACITY <small>(Adults)</small> 4 6. REGULATIONS COMPLIANCE <small>("x" proper box)</small> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Water</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Electricity</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Site</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Screening</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heating</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Yes	No	Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Yes	No																											
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>																											
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>																											
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>																											
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>																											
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>																											
Width						10'10"	10'10"	10'10"	10'10"																				
Ceiling Height						8	8																						
Square Feet						117.16	117.16	117.16	117.16																				
No. of Rooms																													
No. of Beds, Single						2	2																						
No. of Beds or Bunks, Double																													
7. FACILITIES (Number of each)																													
Flush Toilets	Privy	Urinals		Lav. or Washbasins		Showerheads																							
1						1																							
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs		Movable laundry tubs																							
1																													
Cook Stoves	Refrigerators	Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)																							
1	1	1 container		1		1																							
8. COMMENTS W.C. 12-1-17																													
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																													
Employer's Signature: <i>Samela Barnes</i>						Typed Name and Title: <i>Samela Barnes, President</i>			Date: <i>5/17/17</i>																				
10. HOUSING INSPECTED BY: <i>Joyce Hahn</i>																													
Signature of Authorized Official: <i>Joyce Hahn</i>						Typed Name and Title: <i>Joyce Hahn, Program Coordinator</i>			Date: <i>5-17-17</i>																				
11. APPROVAL Housing approved for occupancy by workers recruited interstate.																													
Signature of Authorized Official: <i>Joyce Hahn</i>						Typed Name and Title: <i>Joyce Hahn, Program Coordinator</i>			Date: <i>5-17-17</i>																				

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSWright Liberty Farms, LLC
42922 Old Hwy 10
Richmond, MO 64085**2. HOUSING LOCATION**48532 Hwy 10
Hardin, MO 64035**3. HOUSING DESCRIPTION**

Farm House

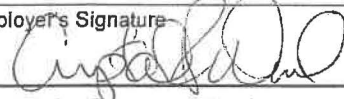
4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	15'4"	15'4"	15'4"	15'4"					5. CAPACITY (Adults) 4
Width	13'6"	12'5"	13'5"	13'6"					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	9	9	9	9					Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	207	190	206	207					Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	1	1	1					Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	1	1	1	1					Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

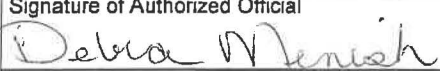
7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1			1	1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	2	2	2


8. COMMENTSETA Regs used for the inspection
Propane gas for heating**9. EMPLOYER'S CERTIFICATION:**I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title Crystal Wood office manager	Date 7/30/15
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10. HOUSING INSPECTED BY:

Signature of Authorized Official 	Typed Name and Title Debra Minish, State Monitor Advocate	Date 7/30/15
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official 	Typed Name and Title Debra Minish, State Monitor Advocate	Date 7/30/15
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U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Wright Liberty Farms, LLC
42922 Old Hwy 10
Richmond, MO 64085

2. HOUSING LOCATION

48532 Hwy 10
Hardin, MO 64035

3. HOUSING DESCRIPTION

Farm House

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	15'4	15'4	15'4	15'4					5. CAPACITY (Adults) 4
Width	13'6	12'5	13'5	13'6					6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height	9	9	9	9					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	207	190	206	207					Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	1	1	1	1					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

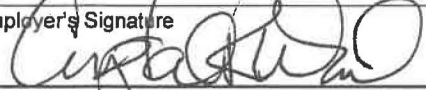
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1			1	1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	2	2	2

8. COMMENTS

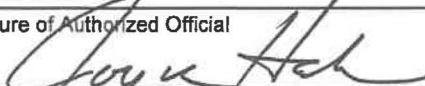
ETA Regs used for the inspection
Propane gas for heating

9. EMPLOYER'S CERTIFICATION:

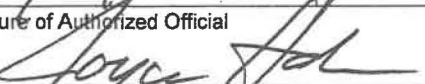
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature  Typed Name and Title **Crystal B. Wood office manager** Date **7-12-16**

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official  Typed Name and Title **Joyce Hahn, Program Coordinator** Date **7-12-16**

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official  Typed Name and Title **Joyce Hahn, Program Coordinator** Date **7-12-16**

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Wright Atherton Farms, LLC 22505 East Meyers Rd. Independence, MO 64058				
2. HOUSING LOCATION 48532 Hwy 10 Richmond, MO 64085					3. HOUSING DESCRIPTION Farm House				

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length					15'4"	15'4"	15'4"	15'4"	6. CAPACITY (Adults)	12
Width					13'6"	12'6"	13'5"	13'6"	6. REGULATIONS COMPLIANCE (X proper box)	
Ceiling Height					9	9	9	9	Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet					207	190	208	207	Electricity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single					1	1	3	3	Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double					1BK	1BK		1BK	Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)				
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1			1	1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	2	2	2

8. COMMENTS
 ETA Regs used for the inspection
 Propane gas for heating

9. EMPLOYER'S CERTIFICATION:
 I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature 	Typed Name and Title	Date 2-14-17
--------------------------	----------------------	-----------------

10. HOUSING INSPECTED BY: Joyce Hahn		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 2-14-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.		
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 2-14-17

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Wright Farms, LLC
42922 Old Hwy 10
Richmond, MO 64085

2. HOUSING LOCATION

9012 Long Lake Rd
Richmond, MO 64085

3. HOUSING DESCRIPTION

House

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	14'4"	15'1"	14'1"						5. CAPACITY (Adults) 8
Width	15'	14'1"	12'2"						6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8'	8'	8'						Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet									Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms									Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	1	1							Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	1 BK	1 BK	1 BK						Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

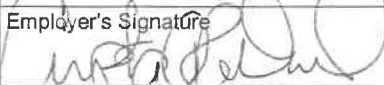
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
2		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1		1	2

8. COMMENTS

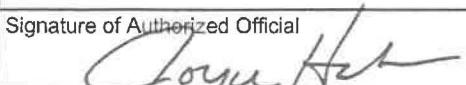
Screen on bedroom 1 (Need to check Water Test
leak to wash machine
Door to basement needs replaced
Bricks need fixed at entry
Fire Escape ladders in 2 upper bedrooms

9. EMPLOYER'S CERTIFICATION:

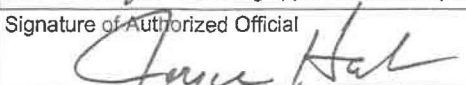
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature:  Typed Name and Title: Crystal Ward office manager Date: 9/27/17

10. HOUSING INSPECTED BY:

Signature of Authorized Official:  Typed Name and Title: Joyce Hahn, Workforce Specialist IV Date: 9/27/17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official:  Typed Name and Title: Joyce Hahn, Workforce Specialist IV Date: 9/27/17